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**Hearing the Voices of Young Women: Interpreting Teenage
Pregnancy Narratives Individually and Collectively.**

**A thesis submitted to Middlesex University in partial fulfilment of the
requirements for the degree of Doctor of Philosophy**

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Abstract

Teenage pregnancy has been the subject of policy development over the lifetime of the current British government. Viewed from an overwhelmingly negative standpoint, young parenthood is recognised as a feature of impoverished communities while policies focus on technical and educational 'solutions' to reduce the levels of conceptions to under-eighteens in these areas.

This thesis aims to explore the processes which lead to early pregnancy and parenthood, informed by a narrative research perspective. Guided by the noted absence in the literature of research that attends to the contextualised experiences of young women who become pregnant, this research was undertaken to listen to the experiences of a small group of young women within individual interviews. The research question asked what the meaning of pregnancy was for young women who had become pregnant at an age considered 'early'.

The analysis of qualitative material obtained from two research sites found that childhood experiences and individual adversity were the structuring features of most of the narratives obtained from the young women who had become pregnant. The narratives related to motherhood were interpreted as having a temporal quality, that is to say that the dimension of time was relevant to the behaviour of the young women in that they appeared to be 'in a hurry' in relation to becoming romantically attached and achieving pregnancy, even where pregnancy was not actively planned or desired at that time. Furthermore, the narratives revealed a highly restorative aspect to pregnancy and motherhood that was connected to overcoming earlier adversity and childhood experiences, where sufficient support was available. In conclusion, these temporal and restorative aspects appear to be in dynamic relation to each other and suggest a meaning for early pregnancy and parenthood for young women that is at odds with current policy directions.

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Dedication

This thesis is dedicated to the memory of my mother,

Joan Sylvia Middleton 1936 – 1998,

my father Keith John Middleton 1937 – 1979,

and to Luke Henry Jordan 1994 - 2009

The boy with the beautiful smile

ABBREVIATIONS

CSA	Child Sexual Abuse
CYPP	Children and Young Peoples Plan
DCSF	Department for Children, Schools and Families
DfEE	Department for Education and Employment
DfES	Department for Skills and Education
DoH	Department of Health
ECG	Electrocardiograph
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IAG	Independent Advisory Group
LAC	Looked After Children
MP	Member of Parliament
MSN	Microsoft Network
NHS	National Health Service
ONS	Office of National Statistics
PSHE	Personal and Social Health Education
SED	Severe Emotional Disturbance
SEU	Social Exclusion Unit
SRE	Sex and Relationships Education
TPU	Teenage Pregnancy Unit
UK	United Kingdom
USA	United States of America
YMSM	Young Men who have Sex with Men
YOT	Youth Offending Team

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Chapter One

Introduction

The decision of whether, and when, to have children is usually a private matter that attracts little, if any, public comment. However this picture changes when one or both of the parents-to-be are considered to be too young or too old. This thesis focuses on mothers considered to be too young. Pregnancy during the teenage years is suggested to be a personal disaster and social problem, frequently attracting public opinion and widespread condemnation.

While teenage pregnancy has historically been stigmatised, it has only been the subject of policy development within the lifetime of the current labour government. The publication of the report *Teenage Pregnancy* by the Social Exclusion Unit in 1999 preceded the setting up of a cross-governmental unit in 2000 specifically to implement the government's strategy of reducing levels of teenage pregnancy. Here was confirmation, if it was needed, that teenage pregnancy was a 'social problem' worthy of policy prominence and strategic intervention, resourced by of £63 million worth of funding (Arai, 2003a). The government's stance was allegedly a pragmatic rather than a moralistic one: early pregnancy led to a lifetime of poverty and social exclusion that could be avoided if childbearing was delayed for a few years.

The issue of teenage pregnancy draws attention to several themes that are of research interest, including the divide between public and private, the tension between individuals and the welfare state, poverty, support and control, reproductive rights and choices, adolescent sexuality, race, risk discourses and parenthood. Much of the research utilised by the government in putting forward their strategy focused on issues of risk in determining individual susceptibility to early pregnancy and the outcomes of young parenting for both parent (more specifically mother) and child. While providing a good deal of empirical evidence, this left gaps in knowledge about the actual experiences of young women who became

pregnant, meaning that qualitative understanding from teenage parent's perspective was lacking (Duncan, 2007).

The impetus for undertaking my research came partly from a long term interest in gender issues, from three years working as a voluntary pregnancy counsellor in my local community during the early 1980's, and partly from curiosity about how the government's objectives in this nascent area of policy were to be realised - how the government proposed to bring about changes in individual's behaviour in order to reduce the under-eighteen conception rates.

In thinking about undertaking research in this area, initially my thoughts were that increasing knowledge of why young women failed to manage contraception might be important for developing policies that more helpfully addressed the needs of young women. However, having reviewed the literature my thinking developed to include considering the placement of teenage pregnancy per se into the category of social problem, due to concerns about policies that seemed not to reflect the needs of young women at all.

Evaluations of the effectiveness of the first four years of implementing the teenage pregnancy strategy reflected mixed successes, with fluctuations between increases and decreases in the under-eighteen conception rates across the country leading to an overall slight downward trend nationally (Local Authority Teenage Pregnancy Statistics, 2007). Research which looked at the social and contextual situations of under-eighteen conceptions found that reproductive behaviour was complex and did not always appear to be rational (see for example Greene, 2003). As Petchesky (1990) had earlier observed, 'A number of women, especially young women, engage in heterosexual intercourse neither using contraception nor intending to get pregnant'. It was this contradiction that I was interested to explore, as this appeared to be the least understood aspect of why young women became pregnant and suggested that young

women were failing to have control over an important area of their lives. This, then, became my initial central research question:

Why do some young women failed to use contraception while not wishing to become pregnant?

I therefore set out to consider what alternative explanations there might be for such behaviour which could take account of the fact that a high percentage of all sexually active young women manage contraception perfectly well and do not become pregnant (Petchesky, 1990; Buston et al, 2007). There was also the detail that while young parenthood is closely associated with social deprivation, pregnancy does still occur in affluent areas but it is more likely to be resolved by abortion (Lee et al, 2004). Additionally, the significant rates of under-eighteen conceptions leading to abortion outside of affluent areas do not support the 'low expectation' theory, nor the belief that young women get pregnant in order to access benefits. I turned my attentions to considering how young men and women are equipped to enter into sexual relationships. While McRobbie's (1978) seminal work on working class sexuality and Holland, Ramazanoglu, Sharpe, and Thomson's 2004 important study of heterosexuality among young people consider heterosexual relationships, I wondered whether any other existing theoretical approaches could add anything further. Attachment theory as it applied to romantic relationships seemed to offer one possibility.

While attachment theory has inspired a vast and growing body of research about attachment styles, including romantic and sexual relationships in adolescents and adults (for example Karen, 1994), the connection between attachments and adolescent pregnancy is less explored ((Figueiredo, Bifulco, Pacheco, Costa and Magarinho, 2006). It seemed that mainstream explanations of why some teenagers were likely to become pregnant were de-contextualised, i.e. they failed to take account of the very thing that was creating pregnancies – sexual *relationships* between men and women. As Petchesky (1990) had

argued, the stories of young women are full of relationships, and that seemed to me to be very relevant: I wanted to find a way to theorise young women's relationships that connected to my central research question: that of their non-contraception use.

Setting out to narratively explore the subjective, lived experience of teenagers who had been pregnant has required me to move from the research question of what I considered meaningful about becoming pregnant for young women to the act of listening to what it meant for them – and so my central research question changed to become:

What meaning does becoming pregnant have for teenage girls who have been pregnant?

This also fitted much better with the broadly feminist approach that I wanted to take, both epistemologically and in terms of how I conducted the research. I also felt that reading narratives thematically for attachment styles could form part of my analysis without being the main theoretical underpinning of the research. Thus, the final design was a narrative analysis of personal accounts of teenage pregnancy.

Chapter two provides a literature review of social policy in relation to teenage pregnancy and charts the brief history of policy development in this field. It begins by providing details of the scale of the issue, setting out the rates of under-eighteen conceptions in England and Wales and briefly considering geographical variations in conception rates. The chapter then moves on to reflect ideologically on pregnancy and motherhood in relation to adolescence before exploring the government's linking of teenage parenthood and social exclusion, and the integration of teenage pregnancy into the domain of children's services generally, with childcare legislation and policy development aimed at strengthening welfare responses to young people at risk and in need. The main areas of policy development are critically examined in turn before the conclusion, which questions the asserted extent and nature, and assumed causes

and consequences, of early conception that has formed the basis for policy development.

Chapter three is a literature review of the range of research that the government has drawn on in order to develop its policies, in line with its commitment to evidence-based practice. The introduction looks at how stereotypical media portrayals of teenage parenthood are countenanced by academic and political discourses which focus on young parents solely in terms of risk in relation to three areas: becoming pregnant, well-being during pregnancy, and adolescent parenthood. The overall theme of individual adversity, which follows on from the focus of risk, is examined in relation to several areas of research and looks at how findings are sometimes used disingenuously within policy documentation. The chapter concludes with a discussion about the methodological constraints of research of this nature, and questions the use of risk as an edifying construct.

Chapter four concludes the literature review with a consideration of alternative perspectives, largely ignored by the government, which considers social, psycho-social and cultural issues in relation to teenage pregnancy.

Chapter five explores the research process, beginning by looking at the methodological underpinnings of the research, in relation to narrative analysis informed by a feminist approach. The issue of reflexivity is explored with reference to the part my own historical and cognitive processes have played in the eventual research design, along with the consideration of research validity and accessing participants. Ethical issues are also discussed before the research design and the method of implementation are outlined. Finally, the question of data transcription and analysis are discussed before the chosen method of for analysis, the voice-centred relational method, is explained.

Chapter six moves to the presenting the research findings, and begins with a brief introduction to the research participants before presenting the

analysis of four individual young women's stories using the voice-centred relational method.

Chapter seven changes the focus to looking at the narratives collectively. Here, a narrative temporality is introduced in order to consider the narrator's lives as they describe them up to the point of their pregnancy – within their homes, their families, with their friends and at school.

Chapter eight continues the collective focus and moves on to present the narratives that relate to the participants' relationships, their transitions to motherhood, and their thoughts for the future.

Chapter nine draws together the four key findings from the individual and collective analyses of the narratives and discusses these findings in relation to the existing literature, before presenting a synthesis of the key findings as one overall finding which represents my contribution to new knowledge.

Chapter ten concludes the thesis with general observations, a summary of the main findings of the research, consideration of its methodological strengths and limitations, and policy and future research implications.

I conclude this introduction by offering a brief explanation of some of the language used within this thesis. The term 'teenage pregnancy' most neatly expresses the focus of this research and is probably most widely understood, but it is used here not entirely comfortably in the knowledge that it tends to be a pejorative term. This is therefore interspersed with terms such as early pregnancy, teenage fertility, early reproductive behaviour and early parenthood, although the meanings of these terms are less clear, as for example early pregnancy can also refer to the first trimester. This does however reflect the range of terms used within the teenage pregnancy literature and avoids the literary imperfection of repetition. The term 'under-eighteen' is used usually in relation to rates of conception, as this age group is the focus of attention adopted by the

government as well as reflective of the statistical data gathered in this field.

Those young women who agreed to be interviewed are referred to throughout as participants, in recognition of their active role within the research process and their contribution to the outcome, in favour of the more neutral terms 'interviewee' or 'respondent'. It is also to reflect my intention that their voices should be heard

Chapter Two

Private Behaviour, Public Responses: Policy Developments in Teenage Pregnancy

Introduction

Social policies are not the product of free floating intellectualism; they are grounded in ideologies and culturally shaped. This chapter traces policy developments relevant to teenage pregnancy in England, and looks at how beliefs about adolescence, sexuality, mothering and the causes of teenage pregnancy within the most powerful sections of the community have inter-twined to create the current policy landscape. It will consider the debate about unplanned and unintended pregnancies that has underpinned policy development, the tension between government support and control for young parents, and the role of poverty and deprivation in 'creating' early motherhood as well as how the government's definition of social exclusion has been instrumental in bringing the issue of teenage pregnancy into the current policy arena:

'Policy paradigms relate to core beliefs and ideas about the nature of the problem and in turn shape public policies.'

(Daguerre and Nativel, 2006:2)

Nowhere is this more apparent than in policy development related to teenage pregnancy. Teenage pregnancy has become firmly established as a major policy concern in the UK, as evidenced by the setting up of the cross-governmental Teenage Pregnancy Unit (TPU) in 1999 by the Labour government. The task of the TPU was to implement the strategy designed by the Social Exclusion Unit to bring about a reduction in the numbers of under-eighteen conceptions each year. In order to answer the question of what made the government commit to this objective, three phenomena are observable. Firstly, there was explicit agreement that teenage pregnancy was undesirable, secondly that levels of teenage pregnancy were of a magnitude to warrant management by central

government, and thirdly the government had to be confident that their strategies were correct and would work i.e. that it was necessary, and possible, to alter the private reproductive behaviour of adolescents.

Fundamentally, the construction of teenage pregnancy as a problem requires a set of assumptions about reproductive behaviour – at what age and in what circumstances it is appropriate to have children, and the deleterious effects of deviating from this. However what moves this from an individual or family issue into the public domain is concerns about the *rates* of teenage pregnancy. Comparisons with other countries have led to the UK being labelled as having the highest levels of teenage pregnancy in Western Europe, leading to concerns about an ‘epidemic’. The political and media construction of teenage pregnancy as an epidemic that will increase exponentially unless checked, creating a ‘subdued moral panic’ has been carefully deconstructed by Luker (1996) among others, but nevertheless is fundamental to the view that the situation is out of control and that a ‘moral underclass’ (Murray, 1990) has been created as a result:

‘Britain . . . has a sky-high level of teenage pregnancies.’

[Daily Mail, 8 March 2001]

‘The sexual behaviour of our children and teenagers has now reached such unprecedented levels of recklessness and damage that it is becoming a horror story running out of control.’ [Daily Mail, 28 June 2002]

(cited in Lawlor and Shaw, 2004:121)

The issue therefore becomes one not just of a problem about teenage pregnancy but also adolescent sexual behaviour, arousing anxiety and warranting the commitment of resources aimed at control and regulation. The problematic nature of this construction becomes evident when these dominant positions are viewed discursively (Cherrington and Breheny,

2005), and policies designed to 'tackle' teenage pregnancy look to function as risk management (Bullen, Kenway and Hay, 2000).

Rates of Teenage Pregnancy

One of the ironies surrounding the 'teenage pregnancy as epidemic' debate is the fact that rates for under-twentys in the UK actually peaked in the 1950's and 60's and began a slow decline during the 1970's (Luker, 1996; Arai, 2003a; Bonell, 2004; Daguerre, 2006). Of course, many of these earlier 'peak time' pregnancies were within marriage or led to a hasty marriage soon after, meaning that they were not viewed in the same problematic way as pregnancy for a single teenager (Duncan, 2007). Over the last ten years, rates have fluctuated within a fairly narrow band, although a slight downward trend is currently evident. The latest figures available suggest that there has been a reduction of 13% in teenage conceptions since 1998 and that rates are the lowest they have been for twenty years (www.everychildmatters.gov.uk).

Singh and Daroch (2000) have suggested that this is the case for the majority of industrialised countries. Figures for 2007 (Table 1) show that in England, just over 40,000 conceptions occurred in the under-eighteen age group equating to slightly over forty six girls in every thousand becoming pregnant. Singh and Daroch's appraisal of conception rates in forty six countries across the developed world suggest that this places England in the 'moderate' range of 40 to 69.9 conceptions per thousand. After adjusting for the rate of abortion, this means that in 2005 just over 23,000 young women under the age of eighteen gave birth. Conceptions to girls under sixteen are significantly lower - an estimated 8.3 per thousand for 2007 (Table 2) - but a greater proportion of these conceptions ends in abortion. By comparison, in 1971 there were 82,641 births to under-twentys (ONS Birth Statistics cited in Duncan, 2007).

Table 1: Under 18 Conceptions for England: 2000-2007

Year	Number of under 18 conceptions	Under 18 conception rate*	<i>Percent leading to legal abortion</i>
2000	38,699	43.6	44.8
2001	38,461	42.5	46.1
2002	39,350	42.6	45.8
2003	39,553	42.1	46.1
2004	39,593	41.5	46.0
2005	39,683	41.1	46.9
2006	39,170	40.6	48.8
2007	40,298	41.7	50.6

Source: Office for National Statistics, 2009

*per thousand females aged 15-17

Table 2: Under 16 Conceptions for England, 2000-2007:

Year	Under 16 conceptions	Under 16 conception rate*	<i>Percent leading to legal abortion</i>
2000	7,620	8.3	54.5
2001	7,407	8.0	56.0
2002	7,395	7.9	55.7
2003	7,558	7.9	57.6
2004	7,181	7.5	57.6
2005	7,462	7.8	57.4
2006	7,330	7.7	60.2
2007	7,715	8.3	61.9

Source: Office for National Statistics, 2007

*per thousand females aged 13-15

Variations in Conception and Abortion Rates

What cannot be ascertained from looking at overall rates are the levels of variation in conception rates that occurs geographically. There exists 'substantial variations' both in local authorities' conception and abortion rates (Bradshaw, Finch and Miles, 2005). While these can be predominantly explained by deprivation (i.e. deprived areas have much higher rates of conceptions), Bradshaw et al suggest that this does not explain all variations, with one possible explanation that they correlate with area initiatives related to sexual health, family planning and abortion provision.

The picture that has emerged from empirical evidence about teenage pregnancy is the very clear socio-economic divisions between who chooses to go on to motherhood and who resolves their pregnancy through abortion. Qualitative research has provided some detail in that it is overwhelmingly those who live in areas of deprivation that choose motherhood, while those who choose abortion are more likely to be middle class and see themselves as pursuing further education (Arai, 2003a, Turner, 2004). Explanations put forward for this striking division includes the intergenerational aspects of teenage parenthood (Kiernan, 1997), an acceptance of teenage motherhood among disadvantaged groups (Turner, 2001), and the rejection of abortion by young women in disadvantaged communities (Turner, 2004).

The Emergence of Teenage Pregnancy as a Social Problem

The history of teenage pregnancy as a social problem in 20th century Britain is a relatively short one, but it emanates from the history of attempts to regulate women in the areas of sexuality, reproduction and motherhood (Smart, 1992), within a political culture of Christian morality that condemned pre-marital sex, and prohibited the use of contraception except for married mothers (Hoggart, 2003). At the turn of the twentieth

century it was illegitimacy rather than teenage pregnancy that was highly stigmatised, bringing shame onto unmarried mothers and conferring the status of bastardy onto their children (Luker, 1996). Explanations for pregnancy outside of marriage around this time centred on mental deficiency (Cherrington and Breheny, 2005) meaning single mothers could be incarcerated in mental asylums; and the last Magdalene Asylum for 'fallen women', essentially a penal establishment for single mothers and those considered too wayward or even too pretty for their own good, did not disappear from England until the 1970's (Roberts, 2003). Eugenic concerns about defectives and deviants 'breeding' also led to forced sterilization for some women from the 1920's through to the 1960's (Lennerhead, 1997).

Although attitudes did slowly begin to change over the second half of the 20th century, having a baby 'out of wedlock' was still financially and socially ruinous. Before the creation of the welfare state that followed the publication of The Beveridge Report in 1942, unsupported mothers would have had little option but to put their babies up for adoption or work full time to support them, placing them into full-time nursery or foster care. Pregnant single women either married hurriedly or disappeared off to mother and baby homes to give birth in secrecy, returning to the community once they had delivered their babies into the arms of adoption agencies (Shields and Pierce, 2006). Although the contraceptive pill became available in 1960, promising for the first time in history a reliable method of contraception that was within women's control, it was not available to single women. It would not be until 1967, the same year that abortion was legalised, that the Family Planning Association removed all references to married women in its literature (Hoggart, 2003) signalling that contraception was no longer to be the preserve of marriage. By 1970, Hoggart documents, contraceptives were available to all women, and by 1974 GP's could prescribe contraception to under sixteens. These changes in attitude were reflected by demographic changes from the early 1970's onward that saw a decline in marriage, an increase in

divorce and cohabitation, and more births occurring outside marriage. For example, in 1971 at the peak of teenage pregnancy rates, 26% of all births to teenagers in England occurred outside of marriage: by 1994 this figure had risen to 85% (Kiernan, 1997). This compares to rises in the rates of births outside marriage for all women, which in 1999 stood at 38.7% (Hoggart, 2003).

Gradually illegitimacy was losing its stigma (Singh and Daroch, 2000) and this was reflected in law reform, notably the Legitimacy Act of 1976 giving illegitimate children equal inheritance rights with legitimate children, and the Family Law Reform Act 1987. While moral concerns about illegitimacy had become outmoded and unacceptable, single parenthood was still looked down on and teenage pregnancy was a legitimate target for social rejection and stigmatisation (Phoenix, 1991). The term 'teenage pregnancy' originated in the United States of America (USA) in the 1970's (Shields and Pierce, 2006) and travelled across the Atlantic to come into common parlance in the UK

The social and economic circumstances of that era, which saw young, single parenthood becoming visible in the community for the first time (Shields and Pierce, 2006), may have partly accounted for the emergence of teenage pregnancy as a social problem in the 1970's. The Thatcher government of 1979 brought with it an approach to public policy that has been termed new public managerialism (Pollit, 1993), essentially based on the principles of a free market economy, at the heart of which is the belief that consumerism should dictate what happens within public services. Put simply, services needed to become more responsive to the needs of 'consumers' and also had to be transparently accountable for public funds. Gradually, ideas of targets based on measurable outcomes were introduced across public services, and information about costing began to enter the public domain. Here then was the perfect opportunity to shift moral concerns about teenage pregnancy to economic ones, as figures were released showing spending in specific areas of (among other things) welfare benefits, and the cost to the public purse of supporting

teenage parents could be made tangible. The economic climate of the Thatcher government was marked by soaring unemployment and increases in poverty, and levels of public spending were a mounting concern (Levitas, 2005). The response to this was to create both a culture of blame and the concept of welfare dependency, both of which were attached to early parenthood.

It is also suggested that over time teenage pregnancy became conflated with family breakdown, the decline of marriage and adolescent sexuality (Duncan, 2007) to become perceived as a threat to social order, therefore earning the status of a major social problem. Fears about the breakdown of the family, it is suggested, are based on a neo-conservative desire for stability through a return to the 1950's 'ideal' of the heterosexual nuclear family of father, mother and children with clearly defined gender and parenting roles (Mann and RoseNeil, 1994). This prompts the question of ideal for whom – Mann and RoseNeil suggest this paints a somewhat romantic picture of patriarchy and masculinity, and refer to their observations that many working class women actually view fathers as an obstacle to stability for them and their children. Additionally, the stability of nuclear families is questioned with the argument that it is more of a transitional formation (Bullen et al, 2000). Moreover, Bullen et al argue that traditional concepts of gender and parenting roles actually *increase* the vulnerability of teenage girls to early pregnancy - an issue that will be further explored in chapter four. Three factors can be identified that underpin concerns about family breakdown and teenage parents: the perceived cost of lone parents to public spending, and concerns about the absence of fathers within the family unit (Kiernan and Hobcraft, 1997), and the idea that as a result of father absence boys will be inadequately socialised and become 'unruly and criminal' (Mann and RoseNeil, 1994).

During the 1980's and the first half of the 1990's the link between early, single parenthood and youth crime was made overtly and unequivocally. Murray (1990) put forward outspoken views regarding the creation of a new 'underclass' comprised of lone parent families, distinguished by

mothers who never married: a class whose rejection of core social values were transmitted to their children, and where the lack of a male role model resulted in (specifically) boys growing up dangerous and unmanageable. In a diatribe on teenage pregnancy reminiscent of Enoch Powell's 'Rivers of Blood' speech, Murray (1992) was forecasting an epidemic of inner-city violence in the USA as a direct result of increasing levels of teenage pregnancy and single parenthood (it is pertinent that in the USA teenage pregnancy and issues of race appear to be viewed as synonymous: Bonell (2004) found that over 30% of USA teenage pregnancy research papers focused negatively on black and minority ethnic communities, and the term 'welfare queen' is used exclusively to mean young, black single mothers (Guerrero, 2007)). With Murray having the ear of the then UK Conservative government (Levitas, 2005) it was inevitable that they too would mount a sustained attack on single parenthood as being responsible for breeding young criminals, expressing with similar vitriol the fundamental belief that single *mothers* (and this was very pointedly aimed at mothers) could not, or would not, parent successfully alone. Surprisingly, Mann and RoseNeil report that these views 'elicited a considerable degree of consensus across the Left/Right political divide' (1994:321).

The mid 1990's peak in public hostility to lone parenthood (Daguerre, 2006) coincided with extensive media coverage following the murder in 1993 of two year old James Bulger by two ten year old boys in Liverpool. Evidence of an 'anti-feminist backlash' against social changes for women was evident from the media and political discourse that followed (Mann and RoseNeil, 1994). Newspaper reports on the case went into extensive detail about the background of the accused boys in an apparent search for explanation, revealing their histories of poverty, abuse, neglect, absentee fathers and life on sink estates, drawing together concerns about youth crime, single parents and life on benefits in an unpalatable mix that fuelled public outrage. This case was particularly shocking because of the age of the perpetrators, the age of the victim and the

details of what had taken place, but media coverage also epitomised how far the press would go in the vilification of single parenthood. At the same time, the Conservative government's 'aggressive rhetoric' regarding single mothers, evident at both the 1992 and 1993 Party Conferences, was not backed up with policy development (Daguerre, 2006), although their denigrated 1993 'Back to Basics' campaign has been viewed as a direct response to the issue (Mann and RoseNeil, 1994). The level of hostility and lack of respect to single mothers can be gauged by the suggestions that were made by commentators and politicians to reduce levels of lone parenthood, for example through a return to enforced sterilisations (Tom Sackville, Junior Health Minister, 1993 cited in Mann and RoseNeil, 1994).

Pregnancy, Motherhood and Adolescence

While lone parenthood is viewed as problematical, the idea of *young* parenthood, while often viewed as synonymous with being a lone parent, brings with it an additional layer of meanings. These meanings incorporate ideologies of pregnancy, motherhood and adolescence; and see particular groups of young women's sexuality as something dangerous, rampant and in need of control (Smart, 1992). Pregnancy is a condition that is loaded with meaning – it signifies perpetuity, fertility, sexual activity, vulnerability and the creative power of women. The dual positioning of motherhood as being both maligned and highly regarded (Greene, 2003) is reflected in society's treatment of pregnant women. Culture and context is all important for determining social responses to pregnancy: in some situations pregnancy could lead to social rejection, punishment, even death, in others to national celebration and reverence (e.g. 'royal' or celebrity pregnancies). Somewhere in-between, pregnancy is a private event which is significant within families, socially recognised, and which may confer a 'special' public status on women within certain parameters, including those of age, employment and marital status. The

juxtaposition of terms such as 'adolescent', 'young' or 'teenage' with pregnancy implies immaturity (Phoenix, 1991). Daguerre and Nativel (2006) refer to the socially acceptable 'right' age for motherhood, not too young or too old, with 'rightness' being signalled by educational attainment, economic independence and personal maturity (Knudson and Valle, 2006). Pregnant women who fit within these socially accepted parameters may find themselves treated with increased interest, respect and care; those outside, particularly those seen as too young, may find themselves being stared at disapprovingly, stigmatised and even heckled in the street (Graham and McDermott, 2005; Morehead and Soriano, 2005).

Motherhood is associated with feminised qualities of nurturance, self-sacrifice, care and devotion while adolescents are often stereo-typed as being lazy and selfish, which may partly explain why the two are seen as incompatible. The act of mothering is constructed within dominant ideologies that are class and race-related (e.g. Rutman, Strega, Callahan and Dominelli, 2002; Gillies, 2006) reflecting professional middle class, white values about material resources, family structures and child care practices, for example. Working class mothers find themselves marginalised and labelled as 'bad' mothers, suggests Gillies, and are held as responsible for a range of social problems. Young, working class single parents therefore face political and cultural disapproval for attempting to sustain themselves by drawing on traditional motherhood, romance and female desirability values (Bullen et al, 2000), in contrast to following a prescribed route to social inclusion.

Early Parenthood and Social Exclusion

In 1992 the Department of Health had produced a White Paper 'The Health of a Nation – A Strategy for England', which set out a national framework for improving health in five priority areas, including HIV and sexual health. Marked by a commitment towards reducing health inequalities in line with the World Health Organisation's campaign of Health for All 2000 (Moran and Simpkin, 2000), one of the targets in this area was a reduction in the number of teenage conceptions, the premise being (based on available health research) that early pregnancy led to poor health outcomes – an issue that is explored more fully in chapter two. This then marked an ideological shift to teenage pregnancy, one which envisioned that adolescent reproduction should be targeted as health behaviour in order to reduce harm. The Conservative government apparently failed to engage fully with the issue of health inequality, which may explain the lack of tangible action on their part (Moran and Simpkin, 2000). If the Health of the Nation report had raised the possibility of aiming to reduce levels of teenage pregnancy on health grounds it was not until New Labour came to power in 1997 that there was felt to be a need to be seen to be 'doing something' in terms of social policy (Daguerre, 2006; Duncan, 2007). Tony Blair came to government with a manifesto for the welfare state that aimed to move away from the old divisions of left and right wing politics, instead defining a 'third way' of social justice *and* individualism where inclusion into the social mainstream would depend on both rights and obligations (Giddens, 1998 cited in Cherrington and Breheny, 2005), ending what was described as the 'something for nothing' culture. Social exclusion was a central concept for New Labour policies, which incorporated elements of the 'moral underclass' debate along with discourses about wealth redistribution and most prominently social integration through work (Levitas, 2005). Seen as the root of many social problems, exclusion was not just about poverty but equalled detachment from the mainstream of social values and one of the first things that Blair did as prime minister

was to set up the Social Exclusion Unit (SEU) to look at the processes involved in becoming detached.

For New Labour, social policy was to become imbued with what could be described as a moral authority. Policies were developed with the aim of regulating individual behaviour which impacted on the welfare state, including adolescent sexual behaviour leading to parenthood (Cherrington and Breheny, 2005). The risk factors identified from existing research by the SEU in relation to social exclusion correlated with many found for teenage pregnancy, with perhaps the most important being low aspiration (SEU, 1999). Teenage parenthood was strongly associated with a lack of educational attainment, and dropping out of school (Kiernan, 1997). Initially, it was thought that this was after they became pregnant, however over time it became clear from research that many girls who became pregnant had disengaged from education some time previously (Hosie, 2004). Teenage pregnancy was thus theorised to result from a lack of motivation to avoid pregnancy because of an absence of any academic or career ambition that would be thwarted by parenthood. Within third way politics this was interpreted as evidence of moral failing to subscribe to the work ethic, leading to social exclusion and moving teenage parenthood from a moral issue about sexual behaviour to morality about welfare dependency (Cherrington and Breheny, 2005). Teenage parents needed to be brought back, kindly but firmly, to the work ethic to avoid a lifetime of poverty for them and their children, by being supported to return to education, training or employment, rather than seeing parenthood as a 'way out' (Bullen et al, 2000).

This however was only one side of the coin, with the other being to reduce the number of teenagers becoming pregnant in the first place. While increased motivation could also be seen to play a role here, the emphasis was placed on the lack of appropriate sex education within schools due to the discretionary freedom afforded by legislation in education. Further, the generally conservative approach to sex education,

constrained by the fear that knowledge encourages sexual activity (Hoggart, 2003) was not perceived to be matched to the overtly sexualised society existing outside of school, leading to embarrassment, mixed messages and confusion for young people (Arai, 2003a). The outcome of this was that young people failed to use contraception adequately either because of ignorance or because of difficulties in accessing supplies and appropriate medical advice. Improving sex education and access to contraception would therefore be a means of controlling the numbers of young people accidentally becoming pregnant.

Thus, the dynamically opposed concepts of support and control were instrumental in shaping the strategy set out by the SEU to respond to teenage parenthood, and the government had a handle with which to grasp the issue that fitted very well with its wider political agenda of reducing social exclusion. The strategy, described as multifaceted and based on best evidence (Department of Health, 2008) was outlined in *Teenage Pregnancy*, the report published by the SEU in 1999. The key commitments outlined in the report were to:

- Halve the under-eighteen conception rate by 2010, and establish a firm downward trend in the under-sixteen rate.
- Increase the proportion of teenage parents in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion.

The following year, the Teenage Pregnancy Unit (TPU) was set up, and appointed a network of regional co-ordinators to build up local initiatives. The Local Government Act 2000 made grants available to support the implementation of the teenage pregnancy strategy through innovative projects and practices. The TPU is committed to clear Public Service Agreement targets and monitors the progress made by regions towards reducing under-eighteen conception rates: a Tier 2 vital signs indicator. Those areas which witness the greatest reduction are analysed in order to identify the cause of their success, and examples of best practice are

disseminated to less successful regions. The work of the TPU is informed and regularly evaluated by an Independent Advisory Group (IAG) made up of experts from a range of fields, such as sexual health, academia and youth work.

The momentum of the TPU was probably helped greatly by the alignment of teenage pregnancy as an issue for children's services following the publication of the hugely important Green Paper 'Every Child Matters' in 2003. One of the explicitly stated aims of the Every Child Matters report was to decrease the rate of teenage pregnancies, as a welfare issue for both young people and children, and the over-arching commitment made by the report was to integrate services and facilitate inter-professional working, to ensure that preventative child welfare services were strengthened and safeguarding improved. The TPU was duly re-located within the Department for Education and Skills (DfES), under the newly created Minister for Children, Young People and Families, signalling both a cultural shift and the symbolic inclusion of early pregnancy as a mainstream service responsibility. The TPU currently resides within the Department for Children, Schools and Families following a reorganisation in 2007.

The Every Child Matters: Next Steps document was published following public consultation, alongside the revised Children Act 2004 which provided the legislative framework for implementing change to children's services. The document Every Child Matters: Change for Children was published in late 2004: it set out a national framework on which services would be based, supported by the Children Act 2004 legislation. One of the key elements of the strategy was the initiation of a Common Assessment Framework for use across children's services, in order to facilitate early identification of need and reduce the overlap of assessment between services (Brammer, 2007). The third major relevant piece of guidance issued in 2004 was the Department of Health's National Service Framework for Children, Young People and Maternity

Services which set out a vision of holistic, personalised health services from birth to eighteen.

From April 2006 every local authority was required to have in place a Children and Young Peoples Plan (CYPP) (Children Act 2004) setting out how local authorities would deliver the Every Child Matters agenda. The engagement of delivery partners is seen as a key factor in the success of reducing teenage pregnancy, and the Children Act 2004 places a duty on local authorities to consult health, social services, education, youth support and voluntary agencies in drawing up their CYPP plans. The identification of teenage pregnancy as a structural health issue which had begun with The Health of the Nation and continued with the 1999 report Our Healthier Nation has given health services a front-line preventative role, but what becomes evident from looking at legislation and guidance published since 2003 is the degree of overlap expected between all services working with young people in both a preventative and supportive capacity, resulting in (theoretically) an increasingly global approach to identify and work with those 'at risk' of, and those realising early pregnancy and parenthood, on a range of related issues. The policy and guidance literature in relation to teenage pregnancy that has emanated over the last ten years of policy development will now be examined in four areas: sex education and contraception, education and training, health and welfare, and housing.

A Decade of Policy Development

Sex Education and Sexual Health Services

Ignorance about the facts of life and contraception methods are thought to be a major underlying cause of teenage pregnancy in the UK. Comparisons between sex education in Britain and other European

countries which have a more open and forthright approach are frequently made.

When the Labour government came to power in 1997, sex education was enacted through the Education Act 1996, stating that the sex education elements of the National Curriculum Science Order (e.g. reproduction) were mandatory for primary and secondary school pupils and that sex education was statutory for secondary and special schools. The Act also stated the need to encourage pupils to have due regard to moral considerations and family life (s.413). In 2000, Personal and Social Health Education (PSHE), putting sex education into a broader context of health education, became a non-statutory part of the revised 1999 National Curriculum. In 2004, Teenage Pregnancy Local Implementation grants were extended to fund the training of teachers to deliver PSHE in schools (Local Authority Circular, 2004).

By 2000 the Department for Education and Employment (DfEE) had also published the document 'Sex and Relationships Guidance' for schools, written partly to take account of the SEU's report *Teenage Pregnancy* (1999). The guidance defined sex and relationships education (SRE) and stressed that it should be delivered through the framework of PSHE. It also provided advice for policy development within schools and provided teaching strategies for the delivery of SRE. In 2000 the Learning and Skills Act gave a statutory duty to the Secretary of State for Education to issue guidance on sex education delivery in schools, and there was also a legal requirement for pupils to learn about marriage, children and family life with sensitivity to religious beliefs and age-appropriateness.

Sex education in England continues to be blighted by the conflict between a desire for openness in order to achieve credibility with young people, and the political and societal pressure to be moralistic, (IAG, 2002; Lall, 2007). It is suggested that discourses regarding adolescent sexuality are divided: young people are either seen as 'children' in need of protection from sexual victimisation, exploitation and coercion, or as engaging in

highly risky behaviour, including sexual activity within short term, casual encounters, as part of a process of youthful experimentation (Luker, 1996; Redgrave and Limmer, 2005; Daguerre and Nativel, 2006). The fundamental question within countries that have a conservative attitude to sex appears to be whether young people should be sexually active at all, as witnessed in USA where the virtues of abstinence and chastity are promoted as the answer to teenage pregnancy. The 'fairly conservative views in Britain on sex' (Daguerre, 2006) and the ambivalence with which adolescent sexuality is viewed in the UK is reflected in the fact that the range of legislation and policies that exist attempt to appear both protective and controlling while still sending out a credible message to young people. There is regular public uproar about the SRE curriculum content and the age at which pupils receive information. In order to be acceptable SRE has to be seen to be heterocentric and morally imbued, with the message being that it is better to abstain, but if not remember that sex is very risky and should only occur in the confines of a loving and committed monogamous relationship. The age of consent in the UK is sixteen, which is higher than it has been historically and higher than many other European countries, a fact that is relevant to the debates about young people in the UK engaging in 'early' sex. The Sexual Offences Act of 2003 initially looked as if it would pursue the criminalisation of sex between consenting young people under the age of sixteen, but common sense has prevailed on this issue with government assurances that this would not happen (Daguerre, 2006). The Act has however addressed issues of sexual exploitation for the first time, making it illegal for men to purchase sex with a girl under the age of eighteen for example. Whereas previously young women who were paid for sex were criminalised, even those below the age of consent, they are now seen as victims as the moral pendulum swings from control to protection in this particular instance.

Contraception

One of the key strategies for reducing under-eighteen conceptions was increasing access to contraception services. The Sexual Health Strategy published in 2001 was concerned with improving sexual health services for the prevention of pregnancy, sexually transmitted diseases and HIV. The report urged a rethink of traditional services and set out proposals to integrate sexual health services, by for example having primary care teams specialising in youth or sexual health services and the piloting of one-stop sexual health clinics. It also highlighted innovative practice in some areas, such as the provision of emergency contraception through pharmacists rather than GP's; a practice that has now become widespread, although research has shown the link between socio-economic deprivation and low use of emergency contraception (Jewell, Tacchi and Donovan, 2000). This innovation has recently been taken further with the news that contraceptive pills will also soon be available through pharmacies.

In 2002, the Department of Health (DoH) published 'Getting it Right for Teenagers in your Practice, guidelines for GP's and Nurses in Primary Care Teams'. The guidelines suggested ways of making information about services available to young people and making practices user-friendly, stressing the need to publicise patient confidentiality. In 1982 the legal challenge mounted by Victoria Gillick against GP's being able to prescribe contraception to under sixteens without parental consent created long-term confusion among GP's about exactly what the law did allow (Peckham, Ingham and Diamond, 1996) and caused consternation among young people worried that their confidentiality would not be respected. Almost twenty years later, the 'Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraception, Sexual and Reproductive Health' (2004) would attempt to clarify the issues. The idea that young people under the age of sixteen could be sexually active has never sat comfortably with governments, but the stance taken by the

current Labour government might be best described as 'pragmatic' (Daguerre, 2006).

By 2005, the policy document 'You're Welcome quality criteria - Making health services young people friendly' provided more detailed guidance of how GP surgeries could improve accessibility, awareness of confidentiality and publicity for young people. Consideration of accessibility is also paramount for the decision to radically expand the role of the school nurse. Health clinics now operate within schools, staffed by nurses who are able to provide sexual health services. Throughout the policy guidance produced over the last decade there is increasing recognition of the particular needs of young people in all areas of health, as opposed to them being fitted into children's or existing adults services. Evidence of the influence this has had on thinking is also seen in the way the TPU has sought to communicate with young people, using the mass media to disseminate information about sexual health and contraception, through magazines and radio shows popular with young people, and also the internet with their 'R U Thinking' website. Overall, the picture presented regarding sex education and contraception is one of a growing realisation that unfriendly, judgemental adult-orientated and inaccessible services were not working for young people, and in February 2008, the Public Health Minister announced £26.8 million of new funding to improve access to contraception. Attempts to be more open and to emphasise confidentiality have led to parents complaining that things have swung too far the other way, for example that their under-age daughters have had abortions without their knowledge (Daily Mail, May 13th 2004).

Education and Training

Given that receiving education until the age of sixteen is a statutory requirement in the UK, and given also the recognition of poor educational attainment as a factor in the social exclusion of teenage parenthood, it is

perhaps understandable that one of the key policy objectives in this area is to ensure that pregnant girls continued to receive an education. The spectre of the visibly pregnant schoolgirl is clearly one that schools are uncomfortable with. Pillow (2004) has suggested that institutional responses in schools are split between 'pregnancy as a cold' and 'pregnancy as a disability'. The first model means that pregnancy is seen as nothing more than a mild condition requiring no special allowances or treatment, meaning that particular pregnancy-related needs such as rest, drinks and toilet breaks are ignored; the second model sees pregnancy as disability which leads to the exclusion of students on 'health and safety' grounds. Prior to the teenage pregnancy strategy, exclusion from school was the typical outcome for pregnant pupils.

In 2001 the Department for Skills and Education (DfES) produced guidance on the education of school age parents stating that pupils should not be excluded for reasons of pregnancy on health and safety grounds. Lall (2007) however found that schools were refusing to make concessions for pregnant pupils, leading to 'informal' discrimination and leaving little choice for the girls but to exclude themselves voluntarily – in effect that schools had swapped the 'disability' model for the 'pregnancy as cold' model, which was equally unhelpful.

Initiatives aimed at improving school attendance and the educational attainment of all vulnerable groups of young people, including pregnant and parenting teenagers, are funded through the Vulnerable Children Grant made available to local authorities. Daguerre (2006) has commented that the Teenage Pregnancy Unit has made 'tremendous efforts' to ensure that pregnant girls are able to remain in education through such initiatives as specialist units, support with childcare, support from reintegration officers and Connexions advisors. The Education Maintenance Allowance, payable to all sixteen and seventeen year olds on a low income to enable them to remain in education, has been adapted to be particularly suitable for young mothers (Kidger, 2004). However there are major barriers facing young mothers returning to

education and training, including a lack of affordable, quality childcare, and flexibility of time (Kidger, 2004; Lall 2007).

Health and Welfare

The 'Every Child Matters' framework, which committed the government to improving the well-being of all children and young people (with 'well-being' legally defined within the Children Act 2004), provided a structure for health and welfare initiatives aimed at young parents and their children. While health services take a predominant position, the recognition of the important role that schools have to play in this process is evidenced by the National Healthy School Standard Guidance issued by the DfEE and DoH in 1999, including as one of the standards that staff understood 'the role of schools in contributing to the reduction of teenage conceptions and the promotion of sexual health' in order to achieve healthy school status.

The 2004 National Service Framework for Children, Young People and Maternity Services set out a ten year programme which aimed to improve the long-term health of children and reduce inequality through integrated health and social care services, with an emphasis on being child-centred and looking holistically at children's needs. It set out ten standards to achieve this, from health promotion, encouraging healthy lifestyles and increasing information and choice, to the development of age-appropriate and targeted high-quality services. The same year 'Teenage Parents: who cares? A guide to commissioning and delivering maternity services for young parents' was published, addressing the needs of young people in relation to their particular health needs, their reluctance to access services used by older parents, and the need to reduce poorer outcomes associated with teenage births. In 2007 the Department for Children, Schools and Families (DCSF) issued guidance for midwives 'Multi-Agency Working to Support Pregnant Teenagers', advising them how to work inter-professionally with Connexions Personal Advisors and other

agencies in line with professional confidentiality policies, to improve health outcomes for 'very disadvantaged' young parents.

Improving children's well-being through increased parenting skills and access to sources of support and advice is another major goal. Every Child Matters set out a vision for children's services to be located within Sure Start Children's centres: high quality, accessible buildings housing a range of providers including health, childcare and education. Initially piloted in areas of deprivation, the government's target is to have centres in every community by 2010: a total number of around 3,500 centres. The government has also rolled out a 'Sure Start Plus' programme, specifically aimed at young parents, and with the objectives of improving the health and well-being of parents and children, increasing learning and making families and communities stronger. Childcare is also seen as having a role to play: The Childcare Act 2006 imposes a duty on the local authority to improve the well-being of children in the area and to provide integrated early years services. Additionally they must ensure the provision of sufficient childcare for working parents in the area, a pertinent aim given the teenage pregnancy strategy for getting young parents into education, training and employment and the 'Care to Learn' scheme providing childcare support to those under nineteen attending education or training.

Recognition of the additional support needs of young parents is behind a current pilot for a family nurse scheme in the UK Family Nurse Partnerships is a concept that has been imported from the USA, where family nurses have been operating for the last thirty years. The scheme began to be piloted across several sites from the UK in April 2007, for a three year trial period, with one hundred first time mothers. Family nurses recruit vulnerable first time mothers under the age of twenty four, between the sixteenth and twenty eighth week of their pregnancy, and work with them until the child's second birthday. It is believed that pregnancy offers a 'unique window of opportunity' for receptiveness to services and the family nurse offers support in health-related and

parenting issues as well as a link to further relevant services (Webber, 2007).

Housing Support for Young Parents

Adequate housing is a vital factor for well-being, yet research has shown that teenage parents are likely to experience a high degree of instability, often moving several times during the course of their pregnancy (Guillari and Shaw, 2005). The Housing Act 1996 gives pregnant women, those with dependent children, sixteen – seventeen year olds and care leavers priority for entitlement to public housing due to their vulnerability, but the reality is that many will face lengthy waits often in unsuitable bed and breakfast accommodation. Those who are forced to live with parents face an even longer delay to move up the waiting list. This is an issue largely about resources. The introduction of the 'right to buy' by the Thatcher government in 1983 had an enormous impact on the provision of public housing. As vast swathes of council housing moved into private ownership, housing stock has shrunk and it has become harder and harder to be allocated council housing. Resentments have grown over those groups seen to be 'queue-jumping', or having an illegitimate claim on a scarce resource (Daguerre, 2006). Indeed, getting a council property is viewed by some as being the motivating factor for teenagers to become pregnant (Coleman and Dennison, 1998). In fact, there is no evidence to support this position, with qualitative research suggesting that in fact pregnant young girls are unaware of their entitlements (Cater and Coleman, 2006). New Labour's policy on housing for young parents was laid out in the Social Exclusion Unit's 1999 report, and expressed the view that it was isolating for those under the age of eighteen to be given their own tenancies. The government therefore committed to providing supported housing for young parent under eighteen who were not able to live with their parents or a partner. This rather neatly silenced the critics

objecting to young parents getting council tenancies bringing up their babies.

Supported housing is usually provided through housing associations and can be organised in various ways, some with self-contained flats and some with communal living space such as shared kitchens and lounges, with either on-site or floating support workers to give practical help, advice and support to tenants. What it does not provide is independent, autonomous, permanent housing and tenants may be subject to a range of rules, for example about overnight visitors on the premises, which in turn may impact on young father's access to their children, say Giullari and Shaw (2005). They offer a critique of Labour's housing policy suggesting that the offer to support is actually disguising a desire to control which undermines young parent's independence and jeopardises their opportunities for informal support. For those unable to live at home, an offer of supported housing may depend on suitable evidence of homelessness, such as an eviction letter from a parent – a difficult and upsetting prospect. Giullari and Shaw question the assumptions made about family support, particularly its 'dynamic nature'. Support can range from help with childcare, financial help, parenting advice and accommodation and may vary over time and in different circumstances. What is appropriate in the first few weeks of motherhood may become rife with tension after a year, and need to change. Bunting and McAuley (2004) in their review of support for teenage parents found that the 'mother -daughter relationship is not always a straight-forward one' (2004:207) and can lead to conflict. However autonomy from parents does not need to mean being completely cut off from support, and relationships can change and improve as a result of living away from home. This is not reflected, say Giullari and Shaw, by housing policies which place young people at a great distance from their families and in deprived and unsafe neighbourhoods. Nor does this facilitate young parents to begin to relate to their families in more adult ways by being able to reciprocally support them in turn. In short, it is suggested that

'kinship' is acted out in individual ways within families, and the way families support each other should not be defined in limited ways.

New Labour's Teenage Pregnancy Policies – Wide of the Mark?

The teenage pregnancy strategy drawn up by the SEU was implemented with a bullish enthusiasm that continues unabashed within the TPU, shored up by apparent modest success - the most recent statistics claim a reduction of 13.3% in under-eighteen conception rates and 13% in under-sixteen conception rates since 1998, still somewhat short of the 50% target aimed for in 2010 but a downward trend nevertheless. There is however a small but significant groundswell of dissent which questions whether the government is correct in linking teenage pregnancy to social exclusion, focusing on individuals rather than structural inequality, and whether the government's approach to reducing conceptions is optimal. Firstly, there is the issue of the way in which the problem of teenage pregnancy has been constructed, in terms of 'sky high' rates and as resulting from unplanned conceptions. Then there is the government's commitment to an 'ignorance and low expectations' model for understanding the causes of teenage pregnancy and for designing policy solutions. Finally there is the underlying assumption that teenage pregnancy is both a cause of, and leads to, social exclusion, based upon a particular premise of what social exclusion means.

Britain's Teenage Pregnancy Rates

The often quoted fact that Britain has the highest teenage pregnancy rate in Western Europe seems to suggest a tacit assumption that the UK shares enough of a cultural and political identity with other Western European countries to warrant comparison with them. In fact, it has been argued that Britain is somewhat unique within Europe and that it would make more sense to compare Britain with other English speaking

countries across the developed world, such as the USA, Canada, New Zealand and Australia (Arai, 2003b). Countries like Sweden and the Netherlands are often promoted as having much lower rates of early pregnancy, and this is attributed to their more sexually open culture and frank sex education from a younger age than in the UK. However Arai argues that rates of abortion can be higher in some European countries, masking pregnancy rates, and also that differing welfare systems and less socio-economic diversity (i.e. poverty) in countries like Sweden may account for lower rates of early pregnancy in these countries.

Planned, Unplanned, Accidental and Unintended Pregnancies

A fundamental underlying belief informing government thinking about reducing teenage pregnancies is that they are largely unplanned, and therefore unwanted. There is however little empirical evidence available to support this view (Bonell, 2004). Macleod and Weaver (2003) found in their study of pregnant young women in Hull, that the majority described their pregnancies as unplanned but this did not equate with them being unwanted. Further, assessment at thirty seven weeks of pregnancy found that feelings of happiness about being pregnant and positive attitudes to their unborn babies had increased from the first assessment at twenty weeks gestation. The concept of a pregnancy being unplanned is seen as being linked to erratic or ineffective contraceptive behaviour in teenagers and is therefore central to the government's rationale for intervening. In fact, Peckham's 1993 review of the literature in this area points to national statistics showing that in 1988 the percentage of women resolving their pregnancies by abortion were actually higher for those aged over forty (45.1%) than for those aged sixteen to twenty (35.8%), suggesting higher levels of 'unplanned' pregnancies in older women. Indeed, there is no reliable data to estimate the numbers of 'accidental' pregnancies across all women of childbearing age, although it may be

that women in the twenty to forty age bracket are less likely to use abortion to resolve them.

There is a lack of consensus about what is actually meant by 'unplanned' along with 'unintended' and 'accidental'. Do these terms cover the range of situations in which pregnancy can arise, such as where contraception has failed? What about where pregnancy is not actively pursued but contraception isn't used? However, commentators do not let this lack of consensus stand in the way of observing that:

'Whilst it is difficult to define what is meant by an unplanned or unwanted pregnancy it is generally accepted to be beneficial to try and reduce the number of such pregnancies.'

(Peckham, 1992: 5).

Alternatively there are those who have commented that the whole notion of planning in relation to pregnancy is contradictory. Cater and Coleman (2006) argue that the term planning implies a rational decision-making process that is at odds with the way that disadvantaged young people operate. They used Barrett and Wellings' London Measure of Unplanned Pregnancy (2002) to screen participants for their study of planned teenage pregnancy, which asks whether women had started taking folic acid or stopped smoking, for example, prior to becoming pregnant. Cater and Coleman's study found that many made references to a more random or mysterious process of fate at work in deciding whether or not they became pregnant – e.g. "it's up to my body" – rather than the fact that they were having unprotected sex. Another study refers to a 'wait and see' approach where young women were not pro-active about contraception and the general lack of decision-making ability is summed up with the phrase "things happen to you" (Morehead and Soriano, 2005:67).

Additionally much of the social activity in the lives of teenagers from deprived communities may be spontaneous and particularly where

alcohol or drug use is involved, contraceptive preparation for sexual activity may be lacking (Redgrave and Limmer, 2005). Cultural factors that are gendered play a large role in young women failing to equip themselves with condoms because of the risk of damage to their reputation if they are seen as 'going prepared' (McRobbie, 1978, Petchesky, 1990). While heterosexual culture will be returned to more fully in chapter three, it is important to recognise that there is also a negotiated process of deciding whether a pregnancy is unwanted or wanted, and this process takes place within the context of heterosexual relationships (Petchesky, 1990). An example of this is the case of a young woman left devastated when her partner left her and who then felt unable to continue with what had been a much wanted pregnancy (Lee, 2005). There is also a view that young people who fail to use contraception have a 'pre-conscious motivation' to become pregnant (Adler and Tschann, 1993), which might better explain their paradoxical behaviour.

The Causes of Teenage Pregnancy

The Social Exclusion Unit produced its Teenage Pregnancy Strategy in 1999, premised on the idea that teenage pregnancy was the result of a mixture of ignorance, embarrassment and low expectations (Arai, 2003a). These presumptions about the causes of early pregnancy have led to the two main strands of the strategy: to reduce conceptions due to ignorance and increase young people's motivations to avoid pregnancy by improving their stake in the future through education. Thus two diametrically opposed explanations (it is not possible to fall accidentally pregnant in order to deliberately plan for a life on benefits (Phoenix, 1991)) have shaped policy responses to early pregnancy without any clarity about which position predominates and therefore requires a greater level of resourcing (Arai, 2003a). The presumptions upon which the strategy have been based are seen to favour the notion that individual

behaviours and motivations are responsible for early pregnancy, and that therefore the 'answer' lies in tackling these. It is evident from looking at the policy initiatives that were 'first out of the block' at the TPU that sex education, contraception and sexual health were the early priorities, as technical responses to reducing under-eighteen conceptions. There is however a lack of consistency within research to support the position that ignorance equals pregnancy. For example, Churchill et al (2000) found those young women who became pregnant within their GP practices were *more* likely to have consulted their GPs for contraception beforehand.

While 'low expectations' models do go some way to recognising the link between early pregnancy and deprivation, the answer is seen to lie in 'changing expectations' rather than reducing inequalities (Arai, 2003a). Young women affected by poverty and deprivation are expected to aspire to middle class patterns of transition to adulthood of educational attainment, career and financial independence *before* considering motherhood. The implication of this is that young working class women's entry into motherhood is seen as immoral, or at least amoral, rather than reflecting a moral valuing of the mothering role in less than ideal circumstances. However, as Beck and Beck-Gernsheim (1995) have observed, '...those who imagine that the (economic) costs deter people from bringing children into the world are simply the victims of their own profit-and-loss thinking'. (1995:37).

Teenage Parenthood, Poverty and Social Exclusion

The debate about whether full time motherhood should be a valued option for young women cannot be held in isolation from wider considerations about the ideology of motherhood that constructs *all* mothers as 'good' or 'bad' depending on their positioning within patriarchal family structures (Guerrero, 2007). The mothering 'ideal' of full time caring for children is not open equally to all women. Those who are economically independent or have a partner to support them may have a

greater range of choices open to them about how much maternity leave to take and whether or not to return to employment, either full or part time, once they have children. However this is not the case for all women, and even those with a partner in work may be reliant on two salaries to make ends meet and have little choice but to return to work when their babies are still very young. The rising number of two-parent families in this situation during the 1980's led to resentments about stay-at-home single mothers on welfare, according to Luker (1996). Teenage mothers on benefits find themselves in 'an irresolvable dilemma' (Kidger, 2004:296) of choosing between social inclusion through education and training or the mothering 'ideal' of being at home with their child, as both possibilities are not open to them. According to Kidger, they find themselves judged whichever position they choose. Additionally, there is reluctance in working class culture to use childcare provision outside of the family network, which is not recognised by policies that encourage teenage mothers into activities outside the home and also fail to recognise informal care for the payment of child tax credits or childcare grants, for example.

The view that women should get paid for full time mothering enters public debate from time to time but with little serious policy attention. However there are further considerations with regards to teenage parents that are outside neo-liberal debates about choices. If as the Teenage Pregnancy Unit purport there are reasons to be concerned about the quality of mothering among teenage parents it makes no sense to place them under additional burdens to achieve academically or enter training, unless and until they feel ready. Etzioni (1993) points out the contradictory nature of this policy in the face of concerns about parenting deficits among young parents, believing that effort would be much better spent supporting them in their parenting role and helping them to establish the best possible relationships with their children. It is evident from qualitative studies that young mothers can be highly motivated to achieve in order to give their children the best quality of life they can (Pillow, 2004; Cater and

Coleman, 2006) and it makes far more sense to capitalise on that motivation when the time is right, which will be different for each young person.

There seems to be two presumptions in the teenage pregnancy strategy, firstly that full time motherhood should not be a valued role for young women and secondly that educational attainment is an important prerequisite for being a parent. This second presumption represents a middle class view of a particular, linear transition to adulthood through education that is not necessarily followed within the working classes, where transition may be more erratic as represented by the 'choice biographies' described by Cherrington and Breheny (2005). Moreover, the model of educational attainment as 'human capital' assumes that there are well paid jobs for all, whereas Luker (1996) argues that focusing on teenage parents to achieve academically will simply push other young entrants to the labour market to the bottom of the pile. Target-setting for getting young parents back into education or training seems to be a route to exerting pressure rather than mutually negotiating the best outcome for individual circumstances. There is an apparent tension for the government between policies that are seen to 'support', albeit in highly structured and non-negotiable ways, and being seen to facilitate young women to have children as the 'easy' option. This tension has also been observed in the USA where 'kindness' was viewed historically as a model for increasing the numbers of illegitimate children (Luker, 1996). This exposes the quandary that seems intrinsic to social and welfare policy thinking – how to avoid offering what might be seen as incentives while providing for those in need.

It has been argued that there is a fundamental problem in the premise that teenage parenthood is a route to poverty. Those who plan parenthood, or choose to go ahead with an 'unplanned' pregnancy, are overwhelmingly those who are already experiencing deprivation. Duncan finds that 'a review of the research evidence finds that the age at which pregnancy occurs has little effect on social outcomes' (2007:307). There

is also a wider debate about the way that social inclusion has been conceptualised, with commentators arguing that the government's definition of inclusion is limited to mean economic inclusion, whereas the concept of *social* inclusion may be more relevant to teenage parents (Kidger, 2004) and the experience of motherhood makes young mothers feel more 'connected' (Duncan, 2007). While the government appears committed to improving the lives of children and young people, there is little to suggest that the reasons why young people disengage with education have received policy attention.

Summary and Conclusion

In summary, this chapter has examined the literature related to policy development on the issue of teenage pregnancy, looking firstly at the context of early parenthood in the UK, the philosophy underpinning New Labour's strategies, and the growth of policy over the last decade in five key areas: sex education, contraception, education and training, health and welfare, and housing support. This was countered with critical social policy perspectives which questioned the construction of teenage pregnancy as a problem, the association of early parenthood with social exclusion, and the formation of policies based on the ideology of a moral underclass.

There is no doubt that the vitriol expressed by the last Conservative government towards young parents has been replaced by a more benevolent determination within the current Labour administration to bring about changes to the 'shameful record' of teenage pregnancy in the UK (Blair, preface to SEU report 1999). The broad range of policy development over the last ten years in relation to teenage pregnancy can be seen to be highly consistent with the government's aims, set out ten years ago in the SEU's original report, and also with the overall commitment to improving children's well-being. Evaluations of the success of these policies, however, are harder to come by. The

government's official website for the teenage pregnancy strategy, Every Child Matters, states that 'most areas are not on a trajectory to meet their planned contributions to the Public Service Agreement target' despite overall reductions in under-eighteen conceptions. The response has been to issue guidelines for 'accelerating the strategy' (DoH, DCSF, 2006) in order to meet the ambitious targets set for 2010.

What are the possible explanations for the shortage of progress? Firstly, there is the disparity between the government's view of teenage pregnancy and the views of teenage parents themselves. The notion that early pregnancy is a 'personal calamity' (Duncan 2007), 'just about the worst thing that could happen to you', as indicated by a survey of young people undertaken on behalf of the TPU (BMRB International, 2001) does not seem to reflect the experiences of working class young women. As Cherrington and Breheny suggest, this also works to 'constrain any logic of addressing society and its conditions' (2005:107). Personal accounts suggest that raising children can be a far more satisfying option as opposed to alternative 'career' options, for example working in a factory earning the minimum wage.

Secondly, there is the question of how the policies are implemented at operational level. What little comment there is suggests that policies may translate poorly into practice, so for example Kidger finds that 'there is little of substance' (2004:295) in the objectives of Sure Start Plus, with targets for improving social and emotional well-being connected solely to postnatal depression; and targets aimed at strengthening families and communities simply focused on increasing the involvement of fathers, partners and families in childcare. While it is impossible to assess how much innovative practice is happening to meet these objectives, the reality of resource constraints mean that policy rhetoric can be difficult to live up to, for example in over-stretched maternity units.

Thirdly, there is the view that the ideological assumptions underpinning Labour's policies will inevitably lead them to failure. As Bullen et al

argued, 'policies for young women that mobilise traditional, authoritarian, moralising and masculinist world views will flounder' (2005:453). How could this be the case when, as stated earlier, the teenage pregnancy strategy was based on 'best evidence' available from research? In order to consider this, the 'evidence' upon which the government relied to determine its strategy needs to be examined in some detail, and it is to this issue that chapter three now turns.

Chapter Three

‘Risking’ Early Pregnancy – the Evidence from Research

Introduction

While the previous chapter was concerned with policy developments aimed at ‘tackling’ teenage pregnancy, this chapter will outline the literature looking at risk in relation to early pregnancy. Almost every paper published in this field makes reference in the first few paragraphs to the risks connected to teenage pregnancy, whether to highlight or critique them. Very few papers provide any detail about the research that such risk analyses are based on. This chapter attempts to address this by examining research in four broad areas in relation to perceived risks connected with teenage pregnancy: mental health, deviance, physical health and childhood adversity; before considering how these risk factors are thought to impact on early parenting.

Consider the caricature of young motherhood presented in one of television comedy’s most successful recent series, in the shape of Vicki Pollard from *Little Britain*. Here is a young, working class woman without morals (in one episode she is shown swapping one of her babies for a Westlife CD), who has had several children in quick succession, who’s conversational ability is limited to a repetitive “Yeah but no but....” and going rapidly and entirely off the point, and who was last seen languishing in a Thai prison on a charge of drug smuggling. How has such a powerful stereotype of early parenting come to be so widely recognised and found amusing? One answer is that Vicki’s character reflects representations from the pages of the right wing tabloid press and magazines which regularly present sensationalised articles depicting young, single parents as ignorant, immature, promiscuous, neglectful benefits scroungers (e.g. *Daily Mail*, 27/9/2004:11 and 16/3/2004:7). The imagery is easily absorbed and rarely challenged, building on the ‘overwhelmingly negative social construction’ of early pregnancy (Phoenix, 1993) in the media, policy and academic arenas. Neither is this new: ‘the popular image of

the teenage mother.....go(es) well beyond the available evidence.’
(Furstenberg et al, 1987:8).

What of the evidence that Furstenberg refers to? The defining of early pregnancy as a social problem in industrialised countries, particularly the USA and UK, has led to a plethora of research, undertaken at an increasing pace over the last twenty years, that has been concerned to explore the sequelae of early conception and parenthood. The result of this is a body of knowledge, varyingly complex, interrelated and overlapping, that identifies a range of factors which are most likely to co-exist with early conception. These factors cover three areas: firstly variables that are predictive of the risk of pregnancy; secondly risks during pregnancy; and finally factors related to the risk of poor outcomes for young parents and their children, with all three areas of study combining to create a particularly negative paradigm for understanding young parenthood.

Early pregnancy and parenthood in the developed world is thus construed as deviant or, particularly when research draws on a medical model, as pathological (Arai, 2003a) and therefore adolescent sexuality and reproduction can legitimately be scientifically investigated in order to be understood. However, a more ominous interpretation is that of science ‘knowing’ in order to regulate (Walkerdine and Lucey, 1989), an interpretation which is not so delusional given governmental policies aimed firmly at reducing early conceptions.

An interesting comparison is that of pregnancies in older mothers, which may also be viewed as deviant and high-risk but for different reasons (Lawlor and Shaw, 2002). Older mothers do not engender the same concern (Macintyre and Cunningham-Burley, 1993) but even if they did it would be difficult to imagine public policies aimed at reducing the rates of pregnancies to older mothers, indeed the risk discourse associated with age-related declining fertility focuses on the notion that older mothers are at risk of *not* becoming pregnant. Lawlor and Shaw suggest that older

women are more likely to be economically secure, and this may therefore explain why they fail to register on the policy radar.

The employment of a risk model to understand early pregnancy leads naturally to the technical-educational solutions put forward to help those who lack knowledge and access to information, realising the premise of a 'risk society' (Beck, 1992) where the ownership of information needed to avert the risk of pregnancy is proportionately correlated to economic status. It also works to label young women who conceive as mad, bad, stupid, sick or sad. The reliance on quantitative methodologies evident in many of the studies has the effect of providing volumes of data while obscuring the individual, leaving little sense of how and why young parents came to be who and where they are. Further, data is often viewed as causal, i.e. that risk factors are responsible for teenage pregnancy or adverse outcomes, rather than correlational (Shanok and Miller, 2007).

Individual Adversity and Teenage Pregnancy

Mental Health

Mental health issues are frequently cited as being associated with teenage pregnancy within the research literature. Being labelled as having poor mental health is highly stigmatising, and as a description it can be open to misunderstanding. The difficulty with this broad generic term is that it can be used to cover a range of conditions from bi-polar and schizo-affective disorders through to mild depression, and it is not always made clear in teenage pregnancy literature what is being referred to. The result of this is to cloud the issue and lead the reader to make assumptions about the nature and severity of the mental health problems of young parents. In addition, it can also be unclear whether the risks referred to are that those with an existing mental health problem will have

an early pregnancy, or that an early pregnancy or parenting as a teenager will adversely affect a young person's mental health. Either way, the implications of this link could raise concern about the stability and parenting ability of a young person labelled as having mental health problems.

References in the literature make use of a range of terminologies such as mental health, psychological difficulties and emotional difficulties and distress, through to naming specific conditions such as depression, conduct disorder and substance abuse disorder. It is however important to point out that definitions of psychiatric disorders are not universally accepted, and have been challenged from some quarters on the grounds that they can be vague, arbitrary and therefore unscientific (e.g. Whitaker, 2004).

One report was referenced by the UK government's Teenage Pregnancy Unit to assert the claim that twenty-five percent of pregnant teenagers had a 'probable psychiatric disorder'. This somewhat alarming claim requires explanation. Maskey (1991) carried out a study on fifty-two teenagers in the first and second trimester of pregnancy attending one London clinic for either their first antenatal appointment or to seek a termination. The study set out to explore the hypothesis that indecision regarding a pregnancy would indicate an 'increased possibility of psychiatric morbidity' and an external locus of control, i.e. the feeling that events and experiences were outside of one's control. The term psychiatric morbidity was elaborated as anxiety and insomnia and Maskey's findings suggested that this was experienced by twenty-five percent of younger (aged under twenty) women, particularly those planning a termination.

There was no suggestion that the younger pregnant women were likely to have any pre-existing mental health issues prior to their pregnancy, and Maskey concluded that there was no relationship between ambivalent feelings about a pregnancy and having an external locus of control. In

summary, those who felt confident about their decision, whatever they decided, fared best in terms of the measures of psychological well-being that were used, but ambivalent and conflicting feelings led to anxiety and insomnia for twenty-five percent of the sample. The conclusions drawn by the author that this called for increased counselling and support to be available for those young women who appeared to be unsure of their decision seems to have been lost in the eagerness to label a quarter of young pregnant women as having a psychiatric disorder. The significance of difficulties in decision making is reflected in research linking late terminations i.e. those taking place in the second trimester of pregnancy, with ambivalence causing some women to delay seeking earlier abortions (Lee, 2005).

To look at one key study of teenage parent's mental health in detail, Moffitt et al (2002) conducted a longitudinal study of a sample of all mothers of same-sex twins born during 1994 and 1995 in England and Wales (n = 1,116 following attrition). As a result of using a high-risk stratification sampling frame the sample contained one third of 'high risk' mothers, defined as those who were under the age of twenty when they gave birth. The mothers were interviewed at home five years after the birth of their twins and a range of information gathered using a variety of standardised tests, observations of the children and postal questionnaires to the children's teachers.

In order to obtain the mother's mental health history, they were asked questions designed to screen for alcoholism and drug abuse, asked to self-report histories of anti-social behaviour, assessed using Delinquent and Aggressive Behaviour scales, and questioned for symptoms of anti-social personality disorder using the Diagnostic Interview Schedule (DIS-V; Robins, Cottler, Bucholz and Compton, 1995). The mothers were also assessed for lifetime depression, and asked to self-report episodes of depression in the five years following the birth of their twins. Moffitt et al reported findings that young mothers had more substance abuse problems, admitted to more anti-social behaviour over their lifetime, and

had a ten percent higher rate of major depressive disorder than older mothers following the birth of their twins. Further, their personalities were rated as less agreeable, extroverted and conscientious, less open to new experience, and more neurotic compared to older mothers.

While the Moffitt study does helpfully set out what was being measured in relation to mental health (which is in itself interesting to note, for example the inclusion of personality ratings) there are difficulties in analysing such findings. Firstly how useful is it to use measurements such as 'less' and 'more', which although may be statistically significant may otherwise mean very little in terms of overall numbers or degrees in an individual.

Secondly, definitions are not made clear, for example what level of anti-social behaviour is being referred to – is it violence or dropping litter? Further, Moffitt et al report that the young mothers faced more socio-economic deprivation and had partners who were less emotionally and financially supportive. Without controlling for these factors it is not possible to determine what outcomes are correlated to having an early pregnancy and what outcomes are correlated to deprivation and a lack of support. Additionally, the role of partner support in ameliorating depression, which is explored in more detail in the next section, must be even more critical when experiencing multiple births, with the additional work involved and the increased possibility of pre-term and low birth-weight babies to care for.

Depression

Depression is probably a more generally recognisable mental health term, in that most people have an understanding of what is being referred to by this, and yet it is still often phrased in the teenage pregnancy literature using the generic term 'mental health problems' (e.g. Dennison, 2004). Depression can have a serious impact on the ability to parent successfully and is therefore also linked to concerns about child welfare. Specifically, maternal depression is associated with children's behaviour

problems, childhood depression and psychopathology, and accidental injury (Cox, Holden and Sagovsky, 1987; Tatano Beck, 1999; Herwig, Wirtz and Bengel, 2004; Phelan, Khoury, Atherton and Kahn, 2007). Depression can be described as feelings of sadness, loneliness and futility combined with fatigue, disturbed sleep patterns and confusion (Mirowsky and Ross, 2002). Being a young mother is strongly associated with depression in several large-scale empirical studies (Botting, Rosatto and Wood, 1998; Moffitt and the E-risk study team, 2002; Liao, 2003) as well as smaller clinical studies (Tonelli, 2004; Logsdon, 2004).

Depression rates in teenage mothers needs to be considered in relation to rates among teenagers and mothers respectively, to have any meaning, but rates vary between studies. So for example estimations of depression rates in USA studies of non-parenting adolescents range from 12% nationally (Tonelli 2005) to 31% in one state (Furstenberg and Harris, 1993). Liao (2003) has estimated that teenage parents have levels of depression that are 1.4 times higher than teenage non-mothers, whereas Moffitt et al (2002) found that young mothers had levels of depression 10% higher than older mothers in their national study of twins. It is important to note that studies were based on non-clinical samples reliant upon self-reports of depression, and report findings are not nuanced in respect of the degree of symptoms experienced.

Suggestions about the causes of depression in teenage parents include pregnancy complications (Mirowsky and Ross, 2002); poor health, a subjective evaluation of poor health, or having a sick baby (Liao, 2003); a lack of partner support (Tonelli, 2004,); unstable relationships, single parenthood or separation (Liao, 2003); and poverty (Tonelli, 2004); or disrupted education (Liao, 2003). Overall, Liao found that 'low levels of social support were highly significantly related' to depression in teenage parents, although levels of depression converged with older parents five years after the birth of their children.

A study which explored the link between teenage parenthood, depression and support (Figueiredo, Bifulco, Pacheco, Costa and Magarinho, 2006) took a developmental approach by measuring the attachment styles of a sample of one hundred and thirty expectant mothers in Portugal, half of whom were under the age of nineteen. Their rationale was that previous studies had linked insecure attachment styles both with difficulties in forming and maintaining close relationships, and to depression. Insecure attachment styles and early parenting have both been linked to adverse childhood experiences and insecure attachments lead people to both perceive and receive less support from partners; as a result they are more prone to depression in the process of becoming parents. Conversely, good levels of support can be very helpful for the adjustment to parenthood. Figueiredo et al found that while 19% of pregnant women over nineteen had an insecure attachment style, 54% of those pregnant women under the age of nineteen were rated as insecurely attached, at high levels of impairment. They conclude that this was significant for explaining higher levels of depression in young mothers, as the support they needed to assist in the transition to parenthood and ameliorate depression was lacking or perceived as lacking. What is not explored is why rates of insecure attachment are disproportionately high among those pregnant women under the age of twenty. This suggests that either attachment styles might change to become more secure with age (Roisman, Padron, Sroufe and Egeland, 2002) or that those with insecure attachments are over-represented in those experiencing early pregnancy, for reasons which are not yet understood.

Severe Emotional Disturbance

The relevance of attachment styles for developing a theoretical understanding of adolescent relationships will be explored more fully in chapter four, but there are more prominent psychological theories about mental health in adolescence which shape perceptions of, and responses

to, young people. Severe emotional disturbance (SED) has been defined as the display of behavioural difficulties in children and adolescents, sometimes as a result of internal distress (feelings of sorrow, anger, anxiety, frustration, disappointment), that are persistent over time and disrupt learning. It is also viewed as placing young women at an increased or additional risk of early pregnancy (Yampolskaya Brown and Greenbaum et al, 2002; Ramirez Barranti, 2006).

Yampolskaya et al (2002) used data from a USA seven -year longitudinal national study of children and adolescents diagnosed as having SED to provide a multi-ethnic sample of 190 girls who were aged between nine and eighteen at the start of the research. The authors set out to examine specific risk factors related to girls with SED becoming pregnant; and to look at the outcomes for young mothers diagnosed with SED after they turned eighteen. They suggest that the concerns related to pregnant and parenting teenagers are 'magnified by multiple symptoms of psychological disorders' (2002:108) for those diagnosed with SED, with negative consequences for both parents and their children. Over the seven year study 48% (n=92) of the sample became pregnant, with age at becoming pregnant ranged from thirteen to twenty two. A univariate Cox analysis of data (analysis that examined each variable in turn and then in relationship to each other) revealed that race/ethnicity (i.e. being a girl of colour), family income, school dropout, and additional diagnoses of conduct disorder and substance abuse disorder all significantly increased the likelihood of teenage pregnancy among girls with SED, but further pairwise survival analysis (i.e. analysis designed to examine more than one variable at a time) revealed that school dropout was a uniquely predictive precursor to early pregnancy.

What is interesting is the findings of the outcomes for the young parents: although they were more likely to have dropped out of school, be living in poverty (a 20% increased rate of poverty compared to their non-parenting peers) and be receiving benefits, the risk of these outcomes was no greater for that of a non-clinical population i.e. those young parents not

diagnosed with SED. Further, it was found that having a child led to significant increases in self-esteem, but it was not clear what the relationship was between these two factors. The authors conclude that compared with 11% in the general (under nineteen years) population, girls assessed as having SED had a pregnancy rate of 42% by age nineteen. However, despite the authors' concerns with poor outcomes for young parents diagnosed with SED related to psychological disorders, parenting outcomes were reported as being similar between the two groups, suggesting that having SED does not pose any additional risks in terms of parenting for the factors considered.

Conduct Disorder

Conduct disorder is viewed as part of a spectrum of psychiatric disorders in children and adolescents that can exist alongside SED, and is characterised by problems in behaving in socially acceptable ways, including adherence to rules. It is seen as one of the most common child psychiatric disorders (Zoccolillo, Meyers and Assiter, 1997) and is defined by behaviours such as aggression, destructiveness, lying, stealing and staying out all night (American Academy of Child and Adolescent Psychiatry, 2004) as well as sexually coercive behaviour and sexual risk taking. However this definition needs to be considered in relation to critical perspectives on psychiatry that stress the lack of any biological or biochemical basis for such definitions and instead considers how unwanted behaviour comes to be labelled as deviant (e.g. Rose, 2006).

Zoccolillo and Rogers (1991) found that conduct disorder was a 'significant risk factor for teenage pregnancy and parenthood' and suggest that this raises the issue of whether there is a link between problem behaviour and early pregnancy generally or more specifically for those identified as having a conduct disorder. The Zoccolillo study on a non-clinical sample of twenty six pregnant or recently delivered young mothers under the age of eighteen in one American state found that nine

of the girls met the criteria to be assessed as having conduct disorder, but eight of those girls would not have been eligible for inclusion if the 'symptoms' for diagnosis of having sex under the age of fifteen and either monthly alcohol use or at least five episodes of drug use before the age of fifteen had been discounted. However, the median age for first intercourse in the UK has recently been calculated as fourteen years, with 40% of under fifteen year olds reporting experience of sex (Dageurre, 2006), and getting drunk is "widely considered as a normal way to have fun for young white people" (Redgrave and Limmer, 2005). Unless a very high percentage of British adolescents also have conduct disorder, the eligibility criteria seem to say more about how such behaviour is perceived. The Zoccolillo study concluded that conduct disorder was not 'the only pathway to adolescent pregnancy' but those having the condition had a much greater likelihood of becoming pregnant (Zoccolillo et al 1997). The given rationale for researching a link between early pregnancy and conduct disorder is the prospective poor social functioning of adults with a childhood history of this condition. However the research provides no evaluation of the parenting outcomes for the girls labelled as having a conduct disorder in comparison to the rest of the sample, although qualitative research provides many examples of young women who bear witness to the turning point that occurred following pregnancy, with many reporting that they had stopped drinking and using drugs, and reflecting that they would have ended up in prison if not for becoming a parent (e.g. Cater and Coleman, 2006).

This insight is not overly dramatised, but for some the impetus or possibility to change comes too late: an estimated 39% of female prisoners and 25% of male prisoners under the age of twenty are also parents (HM Chief Inspector of Prisons 1997). Clearly, when young people come before the courts any notion of them as having a psychiatric disorder is replaced by a need to punish transgressions of socially acceptable behaviour. Substance abuse, early sexual debut, offending behaviour and young pregnancy are all related suggest Lanctot and

Smith (2001), but the relationship is poorly understood. Their study of one hundred and ninety six African American girls from one city looked at the relationship between teenage pregnancy and deviance. While the authors recognised that sexual behaviour in adolescence is normal and becomes defined as deviant by the values and norms of specific cultures, this conceptualisation could also be extended to offending behaviour and substance abuse, although in this study they were referred to as illegal and harmful. The authors found that the parents of the girls in their study were more likely to report their daughters as internalising problems i.e. being anxious and withdrawn prior to becoming pregnant, leading to the conclusion that there was an element of escaping personal difficulties in their behaviour. There appear to be two issues here: firstly what is the link between the 'private, emotional, interiorised, intimate world' (MacKinnon, 1982) of the girls in the study and their perceived 'deviant' behaviour, and secondly how the youth justice system responds to girls who offend. The notion of 'private pain, public behaviour' is explored by Robinson (1994) looking at the sexual abuse histories of girls labelled delinquent, and recent research has found that from a sample of over one thousand young people referred to Youth Offending Teams (YOTs) through the courts, ninety percent had experienced a 'significant' loss in their life e.g. losing a parent through death or separation (West Yorkshire and Greater Manchester YOTs, 2005). Smart (1978) provides a critique of the sexual stereo-typing of women within the criminal justice system which sees them punished more for crimes that transgress gender norms. Many of the arguments Smart advances against the study against the conclusions studies of delinquent girls in traditional criminology are paralleled in critiques of teenage pregnancy: the reliance on psychological explanations, the emphasis on psychopathology, and the focus on causality and biological deterministic explanations.

Substance Misuse

Substance misuse (predominantly illicit drugs and alcohol) is seen as both predictive of early pregnancy and as directly contributing to conception. For example, Allen et al (2007) found in a large-scale longitudinal study that those who got drunk at least once a month were statistically at increased risk of early pregnancy while Redgrave and Limmer (2005) found that young people were likely to use alcohol as a disinhibitor for engaging in sexual activity, particularly with partners that they hadn't known for long. The use of alcohol among teenagers has been linked with having unprotected sex (Health Education Authority, 1997), and regretting a sexual encounter (11 – 13% of girls in a UK sample – Hibell, 2000). Forty percent of fourteen and fifteen year olds having their first sexual experience have reported being drunk or stoned beforehand. (Wight et al, 2000).

Looked After Child/Care Leaver

A history of having been a 'looked after' child (LAC) i.e. having been in the care of the local authority, is strongly associated with a range of poor outcomes in life (Chase et al, 2006) and also with being a young parent. Barn and Mantovani (2006) found that a history of being looked after was a factor that led young women towards choosing motherhood and also increased the likelihood of them becoming a young parent, through processes which the authors suggest are not fully understood. They outline the protective impact of parental support, monitoring, supervision, connectedness and communication on young people's early sexual behaviour and suggest this is compromised for those in the care system. Looked after children are thought to receive inadequate sex and relationships education (SRE) as a result of faring badly within schools, and young people in care have talked of the lack of opportunities to discuss sexual matters openly with carers and foster parents (Knight, Chase and Aggleton, 2006b). The vulnerability of young care leavers is

evident: Barn and Mantovani (2004) found that interviews with LAC and care leavers revealed accounts of self-harm, depression, low self-esteem and suicidal thoughts, and almost one third of their sample had seen what the authors referred to as 'a therapist', providing quotes in which young women talked of referrals to a psychiatrist and a counsellor. The lack of culturally appropriate placements and high levels of placement disruption were seen as particularly damaging to the mental health and self-esteem of young people with a dual heritage. Being in care was associated with exposure to a range of risky behaviour such as drug and alcohol use, crime, prostitution and sexual exploitation: this is echoed by Chase et al's later study (2006) in which young people describe a lack of trust in adults and feelings of loneliness and rejection, self-reporting a wide range of difficulties from drug and alcohol use, depression, mental health problems, eating disorders and self-harm as well as experiences of domestic violence, homelessness, offending behaviour and sexual exploitation – for example having sex in order to secure protection or acceptance within the care setting. It is important to point out however that associations of risk and difficulties with being looked after should not be viewed as being entirely straightforward, given that LAC are drawn from a particular sector of the population i.e. those young people who have already experienced abuse, neglect and loss in their lives, and may have had a range of difficulties and experiences before coming into care.

In contrast, becoming a mother was associated with positive changes for young care leavers and the meaning this had for them was understandably significant: becoming a family unit, experiencing love and the pleasure of parenting (Chase et al, 2006a). Barn and Mantovani (2004) conclude that the choice to become a parent is imbued with rationality and is a means to achieve stability with appropriate support systems. Similarly Chase et al (2006) found that while seventy-five percent of pregnancies were described as unplanned, a lack of attachments and feelings of having been abandoned were instrumental in the decision to continue with the pregnancy. However, those who had

difficulties in managing once they became parents found their difficulties exacerbated by a perception of increased vigilance by social workers, and the fear of losing their children. Further, child protection procedures were found to be punitive and unsupportive.

School Drop-out.

It has already been suggested that school drop-out is a 'uniquely predictive factor' of early pregnancy (p 6) and a precursor to, rather than a consequence of, becoming pregnant (Bonell et al, 2005). Difficulties with school are accounted for in three inter-linked ways: firstly a strong dislike of school that leads to truancy, dropping out or formal exclusion (Cater and Coleman 2006; Hosie 2007), secondly a lack of educational attainment (Hobcraft and Kiernan, 1999), and thirdly low aspirations and expectations of the education system as being relevant for their future employment (Luker, 2006; SEU, 1999; Arai, 2003a; Turner, 2004).

Hosie (2007) looked at young people's educational experiences prior to, and during pregnancy, in order to explore the relationships between the above factors and the students' particular situations. Interviews were undertaken with ninety three young women, of school age at the time of their pregnancy, across ten local authorities. These interviews yielded insights into their experiences of perceived bullying by teachers or other students that were instrumental in their dislike of school, and of dwindling attendance that was not noticed or acted on.

Those students whose attendance was poor and who disliked school prior to pregnancy reported a negative attitude from their schools on disclosure of their condition and were less likely to remain in school than those who had good attendance beforehand. Some students were specifically asked to leave, which contradicts the DCSF guidelines. Support (emotional, practical and schoolwork-related) was also most likely made available for those who attended well prior to pregnancy.

Despite this, Hosie found that attendance levels improved for nearly all her sample after pregnancy, particularly in specialist units, and that the majority 'displayed an increased interest in and/or improved attitude towards education' (2007:340). This was explained as resulting from increased motivation to do well as a direct result of pregnancy.

Childhood Abuse and Neglect as a Risk Factor for Early Pregnancy

The impact of childhood neglect on later life is an under-researched area (Chase et al, 2006) but the relationship between childhood abuse and a range of adverse outcomes, including early pregnancy, is explored more fully in the literature. The link between abuse, neglect and teenage pregnancy is explored in several studies (Lanctot and Smith, 2001) and specifically the link between child sexual abuse (CSA) and teenage pregnancy is 'generally accepted' (Bunting and McAuley, 1996). Most research appears to focus on 'individual psychopathology' for survivors of CSA with a smaller body of research looking at how CSA affects survivor's social and family relationships (Roberts, O'Connor, Dunn and Golding, 2004). Erdmans and Black (2008), screened first time mothers prior to interview for a history of risk factors and subsequently interviewed those identified as 'vulnerable' as part of an evaluation of a home visitation programme aimed at reducing the risk of child maltreatment. It was found that two thirds of the mothers identified for interview (n=108) were young mothers (those giving birth between the ages of thirteen to nineteen), and of those a quarter revealed histories of sexual abuse, often multiple abuses. The study used a life story approach with broad prompts to encourage narrative responses, and did not ask specific questions about abuse, and therefore the authors were not expecting the histories revealed by the young women.

In line with the findings of earlier research (Lanctot and Smith, 2001), Erdmans and Black discuss the relationship between child sexual abuse, teenage pregnancy, deviance and substance misuse:

‘The path from sexual abuse to teen pregnancy tends to follow a well-trod trajectory: sexual assault as a child, precocious and risky sexual behaviour as an adolescent, withdrawal from school, abuse of alcohol and drugs, and finally pregnancy and adolescent motherhood.’

(2008:78)

The path may vary depending on a number of recognised factors, such as the severity and duration of the abuse, the amount of force used, the age of the child at the onset of the abuse, and their relationship with the perpetrator, and Erdmans and Black broaden the range of possible effects on the survivor to include outcomes such as social and emotional problems, depression, suicide, mental illness, substance abuse and eating disorders, older male partners, school disruption and drop-out.

Howe (2005) defines physical abuse as injuries caused to a child through punishment using ‘unreasonable aggression’ (p69) which includes a range of hostile parenting behaviours, making the point that it is the psychological damage inflicted when a carer is responsible for hurting a child that is sometimes the most injurious aspect, leading to the belief that others will not be available in times of need and that others’ intentions are negative. The outcomes of being physically abused include teenage pregnancy (Adams and East, 1999), poorer mental health, alcohol problems and a sense of detachment, with ‘thoughts that life is difficult or hard’ (Kolko, 1996: 31). The impact of physical abuse on a child’s attachment system is to repress the display of attachment behaviours that are likely to elicit violence, according to Howe (p80). This means not seeking comfort in times of need, and acting compliantly.

Low Self-esteem

Low self-esteem is associated with ‘perhaps as much as a fifty percent increased risk’ of early pregnancy, but the relationship is unclear (Emler,

2001). Emler reports that research findings from studies examining the link between self-esteem and early pregnancy varied considerably, depending on the methods and measures employed, ranging from no association, to weak association, to positive association i.e. early sexual activity linked to *high* levels of self-esteem. Emler found little evidence within the literature to explain the relationship between self-esteem and early pregnancy but concluded that the most likely explanation was reduced use of contraceptives. This view is comparable with a study looking at the link between early childhood neglect and later HIV-related risk behaviours which found that early neglect had an indirect influence on low self-esteem and poor attitudes to condom use in a sample of 250 'at risk' African American women (Klein, 2007). Although this study was not looking at pregnancy, low condom use could also be expected to lead to pregnancy as well as HIV exposure. However, it is difficult to comprehend the assertion that low self-esteem is responsible for as much as a fifty percent increase in early pregnancy given the lack of consensus within the research.

Health

One of the risk factors expressed within the literature on early pregnancy is that of poor maternal and neo-natal health. One large UK study frequently referred to is that of Botting et al (1998) which suggested a higher level of adverse outcomes for young mothers and their babies. The study looked at two areas to explain health differentials in maternal health by age: smoking and obstetric risk. They found that under twenty year olds were more likely to smoke prior to conception and to continue smoking during pregnancy, and also to have higher levels of anaemia and pre-eclampsia which they linked to late presentation for ante-natal care or ante-natal care being inadequate. The study also reported a higher risk of maternal mortality for teenage mothers but this is unreferenced. Maternal death rates among fifteen – nineteen year olds

are estimated to be twice as high as older women, but only in developing countries (Bearinger, Seiving, Ferguson and Vinit, 2007).

Birth weight is an indication of health in a new born baby, with low birth weight (less than 2,500 grams) attributed to a complex interaction between social, psychological, biological and genetic processes (Rogers, Peoples-Sheps and Suchindran, 1996). Low birth weights were recorded for 9% of babies born to young mothers during 1996 in Botting's study, compared to 7% of babies born to mothers of all ages, although it was found that low birth weights were actually most prevalent for babies born to mothers registering the birth alone (9.5%) irrespective of the mother's age. However the highest levels of infant mortality (associated with low birth weight) were found among babies of teenage mothers and those from lower social classes (often one and the same thing). There were also increased levels of congenital abnormality in the babies of younger mothers, including conditions associated with a lower level of folic acid intake during early pregnancy. Young mothers were reported as less likely to breastfeed their babies, therefore failing to confer important health benefits, although Musick (1993) argues that the sexualisation of breasts is a factor in reducing levels of breastfeeding in this age group, in particular for young women with a history of sexual abuse and those with partners who resent babies having exclusive access to the breast. The children of teenage mothers reportedly had an increased risk of accidents in the first five years of life, particularly poisoning and burns, as well as more incidences of gastro-enteritis.

Questions however need to be raised about why maternal youth should have such an impact on health outcomes for mothers and their babies. Particularly for those older teenagers physiological health should be at a peak, and biologically it makes no sense for reproduction to occur before it can be supported (Cunnington 2001). Nor should it be assumed that teenagers don't make changes in their behaviour as a result of pregnancy: Scholl, Hediger and Belsky (1994) completed a meta-analysis and review of pregnancy complications in adolescence across the

developed and developing world and found a reduction in risk behaviour (smoking, drinking and drug use) among pregnant teenagers, particularly those from minority ethnic groups. They found that in the developed world teenagers had decreased rates of caesarean births, and lower rates of high blood pressure and anaemia in comparison with older mothers. There were however increased rates of pre-term delivery, anaemia and caesarean deliveries in the developing world. The conclusion that the provision of 'social and behavioural' services in the pre-natal period could improve health outcomes for young mothers and their babies was borne out by a later USA study which evaluated the impact of a county-wide social support programme for teenage pre-natal care use (Rogers et al, 1996). This study found that while a support programme had no effect on low birth weight, pre-term births were reduced among teenage participants. What is not explored is to what extent the differences in outcomes are reflections of health inequalities due to poverty and social exclusion (e.g. Smith and Pell, 2001).

As Lawlor and Shaw (2004) question, are adverse effects causally related to age or other factors? In a critique of public health policies aimed at reducing levels of teenage pregnancy over the last two decades, Lawlor and Shaw point to studies on health finding a range of conflicting outcomes – that adverse outcomes are not reduced when socio-economic factors are controlled for; that age has no effect on outcomes; and that young maternal age is associated with better outcomes once socio-economic factors and smoking have been controlled for. These differences, they argue, could be explained by the small size of some of the studies and failure to separate out confounding factors (i.e. those variables that could either cover up or falsely suggest an association, leading to bias).

Lawlor and Shaw suggest that larger scale studies which do control for confounding factors have found that risks are related to the social, economic and behavioural circumstances of pregnancy rather than maternal age, and that a systematic review of research concluded that

most teenage pregnancies are actually low risk (Cunnington, 2001). Further, findings are inconsistent across different populations, for example because breastfeeding rates differ between white and black American teenagers; and outcomes are better within cultures where young marriage and parenthood are encouraged and supported. This last point leads Lawlor and Shaw to consider how the prevailing values of health professionals and wider society might impact on maternal health. An example of how this might become operationalised can be found in one study which refers to anecdotal reports of kidney problems in three pregnant schoolgirls, attributed to lack of access to drinking water during the school day (Hosie, 2007). Another USA ethnographic study describes an observation of a heavily pregnant schoolgirl in a classroom attempting and failing to squeeze into a chair with a desk attached, only to receive a curt 'sit down' from the teacher before having to spend the next forty five minutes perched in a very uncomfortable position (Pillow, 2004). Young mothers frequently report judgemental attitudes (rudeness, less favourable treatment, feeling stigmatised) on the part of health professionals which could affect the kind of treatment they receive (Treffers, Olukoya, Ferguson and Liljestrand, 2001; Rozette, Houghton-Clemmy, Sullivan, 2000; Kidger, 2004; Price and Mitchell, 2004): one study found that labouring adolescents most valued emotional support and pain relief from midwives during labour while reporting that they were least likely to receive pain relief (Sauls, 2004), suggesting that they were either not being listened to or deliberately being allowed to suffer. Of course, it could also be that they had simply found the process of giving birth much more painful than they anticipated or that they were disempowered and lacked information to make adequate pain relief choices. Women's experiences of giving birth have a recognised psychological impact, (Soet, Brack and Dilorio, 2003) with difficult and painful labours and delivery having an impact on post-natal depression and mothers' relationships with their children.

An adequate diet is an essential prerequisite for good health, and particularly during pregnancy and while nursing. Burchett and Seeley (2003) looked at the eating habits of forty-six pregnant teenagers in seven locations around England, and found diets that were high in sugar, salt, and fats (especially saturated fats) and low in fresh fruit and vegetables. Despite this, most did not eat enough calories to meet their daily needs, which has implications for foetal growth and subsequent low birth weight (Rogers et al, 1996). There were several reasons for this: teenagers were missing meals because they weren't hungry or couldn't afford to eat; they preferred convenience and fast foods; they had limited money to spend so filled up on cheap carbohydrates; or were still at home and dependent on what they were given to eat. Burchett and Seeley estimated that it was impossible for teenagers living independently to afford an adequate diet on current levels of welfare benefits. As fresh foods tend to be higher in essential fatty acids, vitamins and minerals but are usually more expensive, it is likely that a diet tailored to a low income and therefore deficient in fresh foods could affect a pregnant young woman and her developing foetus. Bearinger et al (2007) suggest that adolescents may enter pregnancy with depleted nutritional stores and therefore require iron and nutritional supplements as part of their ante-natal care. For young people who are care leavers or those estranged from their families, and therefore more likely to be living independently, this is especially salient.

It is perhaps not surprising that inequalities in maternal and neo-natal health disproportionately affect black and minority ethnic communities. Empirical evidence from USA research suggests that low birth weight is actually linked to advancing maternal age in black mothers, but incredibly the effects are evident from births starting when the mother is just fifteen (Geronimus, 2003). In other words, in the communities studied a baby born to a black young mother is increasingly likely to be of low birth weight the further past the age of fifteen the mother gets. This relationship apparently increases more steeply with socio-economic

disadvantage, irrespective of ethnicity. Research looking at infant mortality rates in Harlem in 1990 found they were doubled by the time mothers were in their twenties. Geronimus suggests that understanding the underlying mechanisms for this alarming trend requires broader contextual investigation into women's health and structural inequality, and likens the chronic disease process in African American women to that of the cumulative effects of weathering. This metaphor explains why the health of black mothers in high-poverty, urban areas begins to decline at such an early age and suggests that for some, early motherhood is a necessary strategy rather than a problem, leading Geronimus to posit that biological development processes are not universal.

Outcomes for Children of Teenage Parents

The risks factors associated with early pregnancy lead logically to the conclusion that children of teenage parents will also face adversity as a result. Specifically, because of their parent's poor mental and physical health, anti-social behaviours, immaturity, histories of being in care, substance abuse and lack of qualifications they will be subject to poor parenting practices, have more behaviour problems and do less well at school, be over-represented in cases of child abuse and neglect, have more accidents and injuries, and also suffer more poverty and deprivation. In fact in line with risk factors associated with early pregnancy, it 'need not follow that these negative consequences are in fact due to maternal age in itself' (Turley,2003: 465). Turley's study explores the view of some researchers that those who give birth at a young age are systematically different to those who delay first births, arguing that disadvantage fails to be distinguished as a causal factor in research subscribing to a 'systematic difference' hypothesis. In an attempt to address the difficulties of providing controls in assessing causal relationships for children's outcomes, Turley replicated Geronimus et al's 1994 study which used cousins as a control group (a technique

Duncan, 2007, has referred to as a 'natural' experiment) by examining panel data from a large USA longitudinal survey of young people, beginning in 1979. Whilst recognising that siblings can have significantly different life experiences, Turley argues that nevertheless they share more in common than people selected randomly. In fact non-teenage mothers who had sisters that had been teenage mothers were found to share 'significant disadvantage' and similar scores for their children's development and behaviour problems, suggesting that background was more important than maternal age for explaining children's developmental trajectories. Maternal family background therefore needs to be the focus of concern, including families affected by divorce and poverty suggests Turley.

Finding very little research on the impact of child sexual abuse on later parenting behaviours, Roberts et al (2004) set out to look at whether survivors of child sexual abuse were more neglectful of their own children and used more physical punishment and experienced less control. Using data from a large-scale longitudinal family study in Avon, England (n=8,292) they set out to investigate the mother's mental health, the child-parent relationship and children's behaviours in families where the mother had a history of child sexual abuse. Using regression and structural equation modelling analysis (to examine both statistical data and qualitative causal assumptions) the authors found that problem behaviours in the children were mediated by the mother's history of child sexual abuse, her anxiety and depression, early pregnancy and parenting behaviour. Childhood sexual abuse was therefore viewed as having a specific effect on parenting independent of the effects of any other adversity experienced by the mother, and the ALSPAC team also proposed that 'self-esteem plays an intermediate role between teenage pregnancy and maternal confidence' (2004:536). However the lack of a control group throws doubt on the certainty of this relationship and further, there is no suggestion that any effect diminishes with maternal age and would therefore be improved by delaying having children.

Summary and Conclusion

This chapter has considered the research ‘evidence’ upon which the current Labour government have based their teenage pregnancy strategy, alongside literature which has critiqued this evidence methodologically. Here it is argued that the causal links between adversity, teenage pregnancy and poor outcomes have not been established independently of the impact of structural inequality, suggesting instead that age should not be in itself the main factor for concern in relation to early parenthood.

Allen et al (2007) have asked whether the UK government’s teenage pregnancy strategy deals with the correct risk factors. A better question might be to ask whether looking at risk factors in relation to early pregnancy is the correct strategy. Such a strategy seeks to examine causes, and by implication find ‘cures’. While the government increasingly looks to utilise evidence-based practice on which to base its policies, the evidence that *socially defined* problems can best be understood or resolved by this approach is not altogether convincing: for example, causality fails to be ‘sufficiently predictive and precise to be able to alter specific cultural patterns of behaviour’ (Smart, 1995:13). Many of the findings upon which the government relies, while based on rigorous research and displaying impressive statistical calculations, nevertheless remain somewhat unclear about the extent of the actual relationship between risk factors and early pregnancy. Further, risk factors from different domains are rarely examined simultaneously (Lancot and Smith, 2001) suggesting results may be inherently biased. Duncan (2007) points to a range of problems related to the methodological flaws of statistical studies, including an inability to compare ‘like with like’ or control for ‘selection effects’ in order to establish whether teenage pregnancy causes disadvantage or vice versa. Duncan points out that the ‘natural experiment’ approach used by some USA studies (e.g. Geronimus and Korenman, 1993), found that mother’s age did not account for social outcomes, whereas in the UK natural experiment approaches using social

backgrounds as controls proved more ambiguous. It is fair to say that in the effort to determine causes, the *processes* by which early adversity becomes translated into early parenthood are least understood.

Explaining the complexities of human behaviour causally, particularly where observations are decontextualised and obscured by race, class and gender differences between researcher and researched (Phoenix, 1993), proves illusive and puzzling (Arai, 2003a), and lacks rigour when the subjects cannot be examined in controlled conditions. The knowledge that does emerge from this perspective for the most part points to individual, pathological explanations of early pregnancy and parenthood or 'perpetuates cultural deficit theories' (Pillow, 2004:80) rather than considering other explanations such as behaviour as a rational response to restricted life chances (Cater and Coleman, 2006).

That is not to say that such knowledge is not helpful: there is now an extensive picture of the kinds of adversity that are faced by some groups of young women both pre and post-conception, along with empirical evidence supporting the link between material deprivation and risk factors. The question is how this is used. At present risk factors are used to justify blanket policies aimed at reducing levels of early pregnancy, with an explicit assumption that teenagers having children is wrong (Macleod, 2003; Kidger, 2004). Implicitly, it is the wrong *kind* of teenagers having the wrong kinds of children, a moral underclass (Murray, 1990) who have been discursively 'othered' as a result of their class and colour (Pillow 2004). It cannot be argued, for example, that the government focus on better sex education and increasing motivation to obtain qualifications is aimed at the numbers of middle class, educated and college-going teenagers who become pregnant each year.

There is also little consideration given to how the very nature of some of the adverse experiences some young women have faced in their lives might have precisely the effect of making education a much more difficult process for them (Ramirez Barranti, 2006), or leads them in particular directions. If a risk construct is to be used, it may be helpful to

conceptualise risk as being tiered, with factors related to structural inequality and socioeconomic disadvantage coming below layers of childhood experiences and adolescent behaviour. The difficulty of policies addressing the underlying issues affecting young people's behaviour – the impact of poverty, of child sexual, physical and emotional abuse, of family breakdown and experiences of being looked after – are that they are not neatly observable or measurable in the same way as, for example, a peer-led sex education programme is. Nor are they as publicly popular. Geronimus (2004) refers to this as the 'lightening rod effect' where the focus on teenage pregnancy diverts attention from less politically acceptable targets.

Research which uses a different methodological approach can present quite a different picture of teenage pregnancy. For example, some small-scale qualitative studies highlight the positive changes many young parents describe going through as a result of real, not imposed, motivation to succeed and make a better life for their children.

It could be argued that in the absence of any meaningful alternative solutions being offered young people are finding their own route to stability, personal fulfilment and social inclusion, through parenthood (Cater and Coleman 2006; Hughes, 2005; Kirkman, Harrison, Hillier and Pyett, 2001; Graham and McDermott, 2005). Policies aimed at reducing levels of teenage pregnancy, it is suggested, do nothing to recognise the importance of this process and serve to reinforce damaging negative social attitudes to young parents (Kidger, 2004). For some of the most alienated and disadvantaged young women, parenthood does not provide the means to change and instead exacerbates their difficulties even more as they struggle to cope with the demands of young children (Cater and Coleman 2006)). This highlights the reality that young parents are not a homogenous group, and that for some young people, parenthood *is* a significant problem, (SmithBattle, 2000a) although not necessarily for age-related reasons.

While policy debates have polarised into mainstream approaches which are highly negative of early parenthood and critical perspectives which argue that early parenthood is constructed as problematical, these positions can be disrupted by the 'undecidable' that lies between (Derrida, 1981). It is important not to overlook the fact that some young parents may need support to ameliorate the impact of earlier adversity, and a small percentage will require intensive support and resources. As one writer puts it, 'how can concerns be mobilised to good effect and anxiety about teenage pregnancy reflect real problems?' (Luker, 1996:1). While the UK government's teenage pregnancy strategy appears to arise from a genuine humanitarian concern and recognises the need for support for young parents, there are question marks over how resources are allocated to this in relation to efforts to reduce early conceptions. For example, while the Sure Start Plus programme has been rolled out to offer support specifically to young parents (Wiggins, Rosato, Austerberry, Sautell and Oliver, 2005), one analysis of what is offered finds little of substance (Kidger, 2004). What continues to perplex is how poverty and deprivation remain marginalised as a target for intervention while effort continues to be put into political strategies of surveillance and control. This may ultimately be a reflection of the view that we live in a society where modern life is increasingly viewed as consisting of exposure to a range of risks that can be controlled or eliminated through technical means, with the right amount of information available (Beck, 1992). The next chapter considers ways of looking at teenage pregnancy that may offer alternative explanations and considers why they have remained marginalised.

Chapter Four

What's Love Got to do with It? Social, Psychosocial and Cultural Perspectives of Teenage Fertility

Introduction

The policies of the New Labour government in response to teenage pregnancy have been explored in chapter two, and the empirical research which informed those policies has been explored in chapter three. This final of the three chapters reviewing the literature now turns towards the debates around adolescent reproductive behaviour which originate from social, psychosocial and cultural theories and which have tended to be ignored by policy makers. Adolescent sexuality will therefore be considered within the context of love, romance, identity, attachment behaviour, developmental and gender issues. The purpose of this is to broaden the discussion into important areas that are often overlooked in the more customary considerations of adolescent parenting within the government and media, touching on wider issues about the meaning of romance, relationships and parenthood in postmodern society generally.

Heterosexuality, Culture and Contraception

The difficulty with technical explanations of teenage pregnancy (Finlay, 1996; Arai, 2003a) is that they largely ignore the cultural context within which adolescent heterosexual relationships take place. That culture includes the power relationships between the sexes, and gendered beliefs about how males and females should behave, or what Evans refers to as the 'performance of the lover and the loved, in appropriately gendered ways' (2003:15), along with historically constructed ideas about romance and love, and the symbolic meaning of having children. The belief that women's increasing sexual assertiveness and pursuit of sex without commitment implies a reworking of femininity (Holland et al, 2004) to suggest that men and women now have less traditional and more

equal sexual relationships. The so-called 'ladette' culture that has emerged in the last few years is symbolic of this view and suggests that young women can now be proactive in initiating sexual encounters, in opposition to the passivity that traditional femininity requires. According to Evans (2003), modern love dictates that men and women can equally express sexual desire, which in turn can be separated from romantic and emotional attachment, and brief encounters are now everyday events. However, Holland et al suggest that such 'rule-breaking' would incur personal and social consequences. Petchesky (1990) questioned whether sexual values and practices among teenagers had changed in the previous fifty years as opposed to the public display, organisation and regulation of sex that has made it increasingly visible, and the social and economic context within which sex occurs. Almost a decade later Jackson (1999:31) writes that while young women have more access to information about sex than ever before, are likely to be more sexually experienced and to adopt beliefs about equal relationships, they are still confined to relationships that 'privilege men's desires and pleasures at their expense'. The reality of this is illustrated by recent research in one northern working class community where girls reported that within their sexual relationships they were coerced into a repertoire of sexual acts that their boyfriends felt entitled to enjoy, informed by pornographic discourses and imagery (Redgrave and Limmer, 2005).

This picture of privileging men's desires is remarkably consistent within industrialised countries despite cultural differences between socio-economic groups, ethnic groups, and urban, rural and town environments (Holland, 1993). Heterosexuality refers to the social construction of sexuality between men and women, the way that sexual relationships are organised and performed. For Holland, Ramazanoglu, Sharpe and Thompson (2004), heterosexuality is masculinised in that it privileges masculine meanings and desires and constructs femininity to suit male needs, with transgressions of feminine identity by women viewed as unruly and requiring discipline and control. The performance of gender

within heterosexuality that Evans (2003) refers to requires women to be less knowledgeable than men in sexual (as well as other) matters, to subjugate their sexual appetite while accommodating their partner's demands, to yield to pressure and coercion, and to focus on their partner's pleasure at the expense of their own. The result is that the negotiation of contraception and safer sex takes place within unequal power relationships and where the consequences for each may differ significantly. This is illustrated by the observation that for women interviewed for the Women, Risk and Aids project, the fear of contracting HIV paled into insignificance against their fears of a damaged reputation or an unwanted pregnancy (Holland et al, 2004). This finding emerged from accounts of sexual risk-taking that were mired in contradictions between intent, practice, expectations and experience that resulted in unprotected vaginal sex, even on occasions where condoms were on hand. Holland et al concluded from this that conventional femininity constituted a risk for women, who must 'appear sexually unknowing, be seen to aspire to a relationship, and who must let sex 'happen', trust to love, and make men happy' (2004:6). There is also a less collaborative explanation of sexual practices: Steinberg and Russo (2008) state that research consistently finds a relationship of violence with unintended pregnancy, whether resulting in birth or termination. The role of coercion and rape must therefore also be considered in relation to unprotected sex.

An understanding of sexuality and contraceptive behaviour as cultural rather than psychological is articulated by Petchesky (1990) in a detailed historical discussion set in the US. She refers to the view of feminist social scientists in the 1970's and 80's (Luker, Zimmerman) that rather than revealing a 'sexual revolution', patterns of non-contraception and rising abortion rates at that time document the persistence of traditional values that dictated sex should be confined to 'permanent or potentially permanent relationships' and that single women should not premeditate having sex by equipping themselves with contraception. Finlay (1996)

considers the belief that desire must be equated with a loving attachment in order for young women to avoid being labelled as promiscuous (Lees, 1986, 1992).

The 'dominant value of heterosexual monogamy' (Petchesky, 1990:217) in the 1970's dictated that regular contraceptive use was less likely in unstable, infrequent sexual encounters. Research concerned with romantic love and working class girls (McRobbie, 1978) found that sexual desire had to be disguised as 'getting carried away', and that any evidence of pre-planning i.e. carrying condoms would incur savage criticism as contravening the code of romance. The cultural awareness inherent in these explanations for non-contraception compares with the more contemporary view of Stevens-Simon and Sheeder (2004). Their USA study of young women attending three different sexual health clinics (n=333) looked at those who were not planning to use contraception even though they felt negatively about becoming pregnant and did not want to parent if they did fall pregnant. They used a self-administered questionnaire to find that almost half of the young women attending the clinic who did not want a pregnancy were as likely to leave without adequate contraception as those who did want a pregnancy. The only explanation to be found within the questionnaires was that the group not wanting to become pregnant were reluctant to plan for contraception use. They quoted one young woman's answer to this item that she didn't want her boyfriend to think she was too prepared for sex. This was linked to wider moral debates about sexual abstinence and led them to conclude that a shift in attitude was needed to make unwanted conceptions seem less acceptable than being unprepared, but failed to shed any further light on such paradoxical behaviour.

The association between sexuality and emotions that is gendered (women fall in love, men want sex) is, according to Petchesky deeply rooted, and studies of abortion during the 1970's reflected these two differing patterns of heterosexual realities. Firstly, in deference to romantic heterosexual culture women in relationships would become

pregnant in order to test their partner, often with the desire to hang on to 'her man' and an expectation of marriage. Pregnancy therefore signified a romantic commitment on the part of the woman. Secondly women not in relationships - usually much younger teenagers - and who were not involved in regular sexual activity would eschew using or carrying contraception on the grounds that to be prepared was tantamount to a signal of availability – presumably at the risk of damaging their reputation.

Emotions and Rationality

The role of emotions and rationality in reproductive behaviour in teenage pregnancy is considered by Finlay (1996), who points to the recognition among some sociologists that emotions tend to be ignored by social scientists in favour of the study of cognitive 'rationality' and measurable facts. This becomes manifest in research that attempts to polarise early pregnancy into planned and unplanned and which, he suggests, fails to consider how romantic love influences contraceptive behaviour and instead places an emphasis on the cognitive elements of rational decision-making about sex and contraceptive use, i.e. the need for sexual health information and access to contraception, as well as communication and interpersonal skills to negotiate contraceptive use and levels of sexual activity.

Finlay suggests that the emotions remain 'largely uncharted territory in research on teenage pregnancy' (1996:83), setting out to re-examine research transcripts in the light of both romantic love, and the sociology of the emotions. One of the central tenets of sociological understanding is that emotions can be socially constructed and culturally and historically variable. Finlay found that on re-reading interviews from sixty two pregnant women under the age of twenty, pre-organising contraception was still regarded as unacceptable, as being on the pill or carrying condoms was viewed as likely to harm a girl's reputation through being labelled as 'easy' or a sexual predator. Contraceptive failure did account

for some of the unplanned pregnancies, with the remainder attributable to a lack of any contraception being used. Continuing to have sex without contraception was explained in two ways – either because of denial of fertility (it won't happen to me) or getting carried away 'in the heat of the moment'. He concludes that his findings suggest there are still problematical associations between gender, anticipating sex and being prepared for it with contraception. A sociology of the emotions, he argues, offers particular promise in the understanding of reproductive behaviour particularly if the full range of human emotions is considered.

A Sociological Understanding of the Emotions

Turner and Stets (2005) discuss the growth in interest in the emotions within sociology over the last thirty years. The term 'emotions' refers to the range of feelings that humans experience, both positive and negative, which arise from a complex interplay between social construction, biology and cognition. A key conceptualisation that Turner and Stets refer to is emotions as a motivating force that 'mobilise and push (humans) to respond to each other and to situations in particular ways' (2005:10), of interest to sociologists because of the ways that emotions can either form bonds or create antagonisms. Emotions are often viewed as irrational, but Turner and Stets refute the idea that emotions and rationality are polarised, and that rationality is a purely cognitive process. In fact, they argue, rationality has been demonstrated to be dependent on emotions (Damasio, 1994, 2003). Sociological theories, say Turner and Stets, assume that emotions guide decisions both consciously and unconsciously, and that these decisions have consequences for the emotions, thus 'rationality and the emotions are.... intricately connected at all levels – the biological, the cognitive and the behavioural' (2005:22).

The Role of Love and Romance in Teenage Pregnancy

Is sex still associated with falling in love for young women? Why even consider the notion of love in relation to adolescent sexuality? Love matters, suggests Evans, because it is the 'language, the understanding and the behaviour through which we organise our sexuality and our personal lives' (2003:2). However it appears that this language can be restrictive. Holland et al (2004) found that the language available for young people to talk about their sexuality was limited and gendered. Men could use instrumental language while women were restricted to a language of romance that was impractical and restrictive, so that discussions of sex, love and romance revealed discourses which reproduced gendered positions.

Finlay (1996) found on re-examining research transcripts from health service interviews with sixty two pregnant adolescents that the relationship between love, sex and contraceptive behaviour was unclear due to the lack of any references to romantic love. Only two respondents had mentioned love in their explanations of how they came to be pregnant. This, he argues, could be for two reasons – either the interview process did not lend itself to such disclosures or it is a reflection of how the nature of intimacy has changed historically over time. Finlay turns to Giddens (1992) for an explanation of the absence of references to love in the interview transcripts. Giddens, in discussing the changing nature of intimacy, has distinguished between romantic love, which is culturally created, and passionate love, which is connected with sexual attachment. Romantic love has apparently been superseded by the emergence of 'pure love':- a state of sexual and emotional equality; and plastic sexuality where sex has been freed from reproduction. Giddens suggests that intimacy now only exists as long as each individual remains satisfied within it. While there is a lack of consensus about the view of the changing nature of intimacy, Finlay argues that his study supports this by finding that young women no longer hide their sexual activity behind a veneer of romantic love. If as Evans suggests the function of romance

has often been to 'civilise' sexual desire' (2003:72), the suggested demise of romance in young people's relationships may be responsible for the need to create alternative veneers, such as those revealed in recent accounts of working class sexuality where the insouciant desire for sex cannot be openly acknowledged but must be disguised behind an alcohol-induced stupor (Redgrave and Limmer, 2005).

The chaotic state of modern love is described by Beck and Beck-Gernsheim in what they refer to as the 'New Era', where love, family and personal freedom compete for our interest outside of the safe constraints of the nuclear family of old; and where the demands of the labour market conflict with the demands of relationships of all descriptions. The nature of love, they suggest, is changing: 'Love is becoming a blank that lovers must fill in themselves' (1995:5). As Evans reports:

'Love, and our love relationships may appear to be becoming less controlled as moral codes change or fragment'

(2003:6).

Further, 'the expectations of romance and sexual pleasure within intimacythreaten the fragile possibilities of human happiness' (2003:5). If romance fails to deliver on its promise of delivering happiness, what of love? The possibility of individual happiness as a result of 'love' is elusive, suggests Evans, and yet its draw is intensely powerful:

'The hope is that 'out there' is the person who will understand us, comfort us and know us in a way which defies expectations of separate, adult, autonomous existence'

(2003:41).

This implies a yearning for a return to the earliest of relationships where love is unconditional, attention is forthcoming and acceptance is complete – the love that we (hopefully) received as infants.

Where also might the search for love connect with the desire for a baby, the ultimate symbol of unconditional love? Beck and Beck-Gernsheim discuss the changing meaning of childbearing in today's society, where children are not needed for their labour or to continue lineage, and when reproduction can be controlled. They ask: 'What are the dreams and longings', along with the 'burdens and obligations' (1995:104), inherent in the relationship between a mother and child – in other words, what symbolic meaning does having children hold in post-industrial society? It is, they suggest, the emotional value that children have, as a means to happiness and self-discovery. A more psychoanalytically inflected account is provided by Pollock:

'....wanting a child may be a matter of wishing for a re-encounter with the kind of otherness-in-proximity that is the gift of our mothers to us as women subjects, a gift to all subjects that may also be reactivated in a variety of other ways as well, notably in relations with others.'

(Pollock, 2009:15)

How might this 'wanting' be experienced by those young people who have experienced the kinds of adversity described in chapter three. Pregnant and parenting adolescents repeatedly refer to a child as 'someone of my own' and 'someone who will love me', and the frequent message from qualitative research is of teenage mothers choosing parenthood in the hope (sometimes misguided, according to Musick, 1993) that they can give their children the loving and secure childhoods they feel they have missed out on (Musick, 1993; Kirkman et al, 2001; Arai, 2003c; Barn and Mantovani, 2004; Morehead and Soriano; 2005, Cater and Coleman, 2006).

Adolescent Pregnancy as Planned

The idea that teenage parents can actually want to have children is at odds with the view that most adolescent pregnancies are accidental and

unplanned, so it is perhaps less explored in the literature than 'pregnancy as deviance' and 'pregnancy as ignorance' perspectives (Greene, 2003). Montgomery (2004) looked at planned adolescent pregnancy and identifies two pieces of research looking at themes connected with the propensity towards early parenting. Lesser, Anderson and Koniak-Griffin (1998) found three themes in their research looking at adolescents preparing for motherhood: responsibility, respect and reparation – a chance to heal past childhood wounds if appropriate psychological services were provided. Williams and Vine (1999) carried out a phenomenological study and identified five themes for pregnant adolescents: an impoverished past, the disintegration of relationships, emotional distance, problem-fixing and re-connecting. Pregnancy was a way to grow individually – a 'second chance' for a new life. The theme of re-connecting is also found in a synthesis of twenty years of research into family relationships and adolescent pregnancy risk: alongside parental supervision and parent's values regarding adolescent sex, parent/child closeness or connectedness was most associated with a decrease in adolescent pregnancy (Miller, Benson and Galbraith, 2001).

Conscious and Pre-conscious Motivation

While the above might refer to planned adolescent pregnancies, Adler and Tschann (1993) looked at conscious and preconscious motivations for teenage pregnancy to try and explain the discrepancy between unintentional and yet un-avoided pregnancies. Looking at what motivated young women to become pregnant they found that previous studies identified three reasons for: firstly, a desire for adult status, prestige and autonomy; secondly out of a sense of love and commitment to their partner; and thirdly to replace a real or threatened loss of a significant person. Motivation could be increased by pressures from others e.g. partner, parent, to have a baby. Looking at theories to explain such motivation, they found that early research was based on concepts from

psychoanalytical theory, i.e. unconscious motives of a 'maternal motivation'. These, they suggest, have now been replaced by theories of conscious choice behaviour in fertility, where benefits and 'costs' are weighed up.

Adler and Tschann consider how ethnicity and socio-economic factors affect motivations to become or avoid becoming pregnant, suggesting that adolescent childbearing may be more acceptable in some cultures and that 'among whites pregnancy may more often be a 'solution' to psychological problems' (p.148). They carried out research to look at conscious and 'preconscious' (pressures of which individuals were not aware) motives to become pregnant among a sample of two hundred and ninety adolescents. Using a variety of methods within interviews, including projective techniques, goal identification, and direct questions about the desire to become or avoid pregnancy, they attempted to examine where positive and negative conscious and pre-conscious views of pregnancy converged and diverged. Although they had not completed follow-up interviews at the time of writing, their initial conclusion was that negative feelings may be more conscious while positive feelings towards, and by implication motivation for pregnancy, may exist at a more pre-conscious level in adolescents. This is hardly surprising given the stigmatisation that surrounds adolescent pregnancy, with research into planned teenage pregnancy suggesting that it may be very difficult for young women to 'own' a desire for a baby (Cater and Coleman, 2006).

The 'Developmental Wellsprings' of Teenage Pregnancy

In her book 'Young, Poor and Pregnant: The Psychology of Teenage Motherhood' Musick (1993) explains that she writes from a background of extensive experience of working with pregnant and parenting teenagers in the USA, and an interest in the psychology of change, in particular how people turn their lives around from positions of difficulty.

Musick believes that the critical issue related to teenage pregnancy is 'doing motherhood' in 'this time, this place', referring to the political, socio-economic and social milieu in which young mothers must bring up their children. Stating that it is almost impossible for single mothers to lift themselves out of poverty, she cites the obstacles facing teenage parents – dangerous neighbourhoods, and compared to the 1970's and 80's fewer basic services, less jobs, and less sources of support, including family. Girls living in poverty, Musick argues, need above-average psychological resources to avoid early parenthood, as compelling forces draw them towards unprotected sex and early parenthood.

Musick acknowledges that the difficulty with psychological perspectives is the implication of victim-blaming. Her concern is that this means there is little exploration at a deeper, more analytical level that considers how internal processes affect the life course of disadvantaged young women, leading ultimately to inadequate interventions. Her belief is that understanding risk and resiliency in adolescence requires close personal work with teenagers over a period of time, to reveal why moments of growth are sabotaged. Young women who make the choice of teenage parenthood have the same dreams as anyone else, she argues, but realise them in ways that are ultimately self-defeating and fruitless.

'Poor Girls and Bad Choices'

Musick says that 'when poor girls make bad choices, they are likely to close doors that cannot be reopened' (1993.36). The capacities for learning, working and relating to others are connected through their interpersonal origins, and these connections may be particularly strong during adolescence, especially for girls and even more so for minority ethnic girls. Problems around interpersonal issues related to autonomy and self-efficacy could spill over into the capacity to 'act wisely in her relationships with boys' suggests Musick (p.37). Some girls are more resilient than others but developmental damage can create vulnerabilities

that reduce awareness and avoidance of dangerous and risky situations or behaviour, which are features of a deprived community. The role of families is critical at this time for protecting adolescent girls, and mistreatment or neglect of emotional needs at this time leaves young women having to firstly change the way they think and feel about themselves *before* they can go on to achieve in school or at work. Musick argues this position from experience and observations, and as at the time of writing she suggests that little is known about non-white, non-middle class developmental transitions from childhood to adulthood.

Disadvantaged children's adolescence, suggests Musick, may be very different than that suggested by Erikson (1968), who understood the developmental tasks of this age to be those of acquiring social skills, achieving academically and developing personal interests. If parents are unwilling or unable to fulfil their parenting function, the already powerful influence of the peer group during adolescence becomes amplified. Those who do not get their emotional needs met by their carers may seek it elsewhere, which subsequently impacts on their ability to study – as illustrated by one young woman:

“...If you don't have any love at home you find it in a man or on the streets”.

(Musick, 1993:44)

Further, Musick argues that such emotional needs and lack of protection can render young girls particularly vulnerable: ‘many pre-adolescent girls become prey for predatory older males in their homes, families and communities’ (p44). Sexual exploitation and abuse impacts psychologically and depletes the ability to focus on education. Additionally, energy spent looking for the nurturance that is required during adolescence diverts from the normal developmental tasks, and ‘the price will be high, and (the adolescent) may well spend the rest of her life paying for it’ (p46). The self-image that emerges from such experiences, she suggests, is characterised by feelings of inferiority.

Musick argues that the sense that a girl from a deprived family makes of life events, her actions and what actions she fails to take, arises from a distorted self-image; and the core task of adolescence – the formation of a new identity that will carry her forward to adulthood – is left unfulfilled. Instead she is left grappling with earlier developmental issues: 'who cares about me' and 'who can I trust', and more saliently 'what do I need to do, and who do I need to be, to find a man who won't abandon me...?' (p60). In essence, her desire for security leads to behaviour that actually threatens her security, because she is unable to self-protect or learn from mistakes. Meanwhile, states Musick, research focuses on sexual and reproductive behaviours or deviancy among deprived young women and fails to consider the 'developmental wellsprings' of such behaviour, that of identity. Changing those choices therefore requires a change of identity, and attempts to instigate this 'must reach and touch the girl at the level of self, the deepest and most strongly felt sense of who she is' (p67). Musick provides a developmental perspective for the negative way that learning about sex and relationships – what she refers to as the 'sexual and gender socialisation of disadvantaged girls' (p71) – has long term implications for girls beyond those of simply relating to males as partners, but will affect almost every sphere of their lives, including self-image, work, study and parenting. Studies on adolescent sexuality fail to convey the meaning and function of sexuality for disadvantaged teens, she argues, or how families and the social environment create vulnerability to destructive and exploitative relationships, early sexual debut, and unprotected sex.

Sexual behaviour is bound up with personal and developmental history and for young women it reflects their female identity and how they have learned to relate to men within their particular environment. The motives governing sexual behaviour and early childbearing may overlap but they are not the same, Musick states, and she has identified certain themes that arise from her clinical practice and the personal writing of young women regarding their relationships to males. Specifically, Musick refers

to unmet dependency and affiliative needs, particularly from the absence (either physical or emotional) of a loving and caring older male figure for disadvantaged girls, while acknowledging that others (both male and female) may fill this role and ameliorate the effect of fatherlessness. Neither does Musick suggest that father figures are always benevolent. Many of the young women Musick worked with had histories of being sexually abused by male relatives, including stepfathers, and mothers' boyfriends, although she remarks that there is no clear etiological link between sexual abuse and early childbearing. However it is with such histories that young women must attempt to enter the arena of relationships: histories of loss, desire to be loved and cared for, to please and placate; and of being coerced, exploited and violated. Musick suggests that until young women are given the space to explore and acknowledge their histories, they cannot begin the process of change. The lack of economic and social resources or paths to self-worth leave impoverished adolescents in a much more vulnerable position than others from less deprived backgrounds who have similar histories.

Attachment Theory, Adolescence and Relationships

An Introduction to Attachment Theory

One of the statements that Musick makes in her book is that:

‘....child maltreatment, attachment problems, and adolescent childbearing are in many ways interrelated and overlapping phenomena, both in terms of the way the young mother performs her childrearing role and in terms of the reasons she was drawn to motherhood in the first place’.

(1993:109)

While there is research on the link between child abuse and teenage pregnancy (e.g. Roberts et al, 2004), and child abuse and attachments (Howe, 2005) there is little evidence within current literature of research considering how all three interrelate. To explore this further, it is first necessary to provide an introduction to attachment theory and then look at attachment research in relation to child abuse and adolescence, including romantic relationships.

Attachment theory (Bowlby, 1969, 1982) lies somewhere between individual psychological and wider sociological explanations of behaviour and instead emphasises the importance of the development of 'self' in relation to others, for shaping individual's social behaviour and emotional well-being.

Attachment theory is most closely associated with recognising the ways in which babies and infants seek proximity to a caregiver in times of distress, through behaviours such as crying, clinging, sucking, smiling and following; and use their caregiver as a secure base for exploration when feeling confident. At the heart of attachment theory is the belief that babies and infants need sensitive and attuned responses to their feelings (expressed as attachment behaviours) in order to develop secure attachments and healthy and positive ways of understanding themselves and others, and the ability for successful affect regulation in later life (e.g. Kobak and Sceery, 1998).

Bowlby's view was that those who had not been fortunate to receive encouraging, supportive, co-operative and sensitive care would therefore have diminished capacities for self-worth, competence and a favourable model with which to build relationships. Healthy attachments throughout the life-span are a necessity, Bowlby argued, and therefore relevant to all stages of human development. Writing more recently in relation to the interplay between attachments and child abuse and neglect, Howe (2005:27) states that attachment is a behavioural system that is concerned with ensuring survival biologically, which also has the effect of

controlling anxiety associated with threats to survival. As Howe defines it, attachment is in essence the dyadic regulation of intense negative emotion, between babies and young children threatened by danger and a favoured carer, an 'older and 'wiser' figure with whom the child has formed a relationship.

Fear and distress from perceived threats in the environment or from physical pain lead the young child to display attachment behaviour by seeking out the preferred carer and drawing attention to themselves, with the expectation that they will be soothed, relieved of pain, and protected, leading to the restoration of emotional equilibrium. Babies and young children are unable to restore themselves to equilibrium (Sunderland, 2006), and it is the consistent and sensitive response to the child's needs which actually enables their brain to develop, so that among other things they can gradually begin to make sense of other people's behaviour, and eventually self-regulate so that they can manage their own negative feelings.

Shemmings (2004) notes the advances in neuroscience which provides evidence to support Bowlby's theory and Sunderland (2006) describes how the impact of attachments can be bio-chemically observed in young children. Babies are born with brains that are not fully developed, and with a high degree of plasticity regarding their future functioning. For the first two years of life there is a massive growth in the numbers of brain cells and neural pathways as a result of sensory information. When a baby is distressed, uncomfortable or angry, their brains are flooded with stress chemicals such as cortisol that overwhelm them and they must receive soothing responses from an adult with whom they have a close bond in order to terminate production of those chemicals and instead switch on the production of opioids such as serotonin which will eventually restore their equilibrium. If soothing is not forthcoming, or is inconsistent, children will not learn to self-regulate and instead their brains will remain flooded with chemicals which leave them feeling unhappy and distressed. Similarly if children do not live free from fear

they will be less able to produce or utilise the 'feelgood' transmitters, leaving them devoid of joy, and prone to depressed mood.

What are the long term implications? Firstly, Sunderland suggests that the long term over-production of 'negative' chemicals leaves a child with a brain that is wired to recognise this as a normal state of affairs, leaving abilities for self-regulation limited and instead leading to susceptibility towards other means of mood alteration, such as the use of drugs and alcohol, later in life. Secondly, to return to the theme of Bowlby's research, their *experiences* of having their attachment needs met, that is *how* the young child is emotionally regulated, is also important for understanding the kinds of relationships they will have as they go through life. This has been the subject of a large body of research that fulfils Bowlby's original assertion that attachments were significant not just for young children but relevant throughout the lifespan (e.g. Waters et al, 2000). It became clear from early research building on Bowlby's work (Ainsworth et al, 1978) that different experiences with their attachment figure lead to children organising their *styles* of attachment into two main patterns as they gradually begin to recognise how their attachment behaviour is responded to: either secure or insecure styles. These styles are based on *internal working models* which develop as a result of the beginning recognition of how relationships operate, and they are carried forward into relationships with others at a much wider level. Internal working models, in the way that they give rise to ways of being and understanding, can therefore be defined as the crude beginnings of the self (Howe, 2005). Attachment styles and internal working models are generally thought to remain stable from childhood to adulthood (e.g. Weinfield, Sroufe and Egeland, 2000) although they suggest there is some evidence that movement from secure to insecure attachments is possible, and conversely insecure attachments can become secure in the right circumstances (Roisman et al, 2002; Ivaniec and Sneddon, 2001). This aside, the data from normative populations suggests that there is in general a correlation between an early, principal attachment

style and attachment patterns as adults. Adult attachments can include friendships and relationships as well as continued attachments to parents and carers.

Secure and Insecure Attachments

Howe suggests that two models operate for young children when they feel anxious and distressed as a result of insecurity – am I worthy of love and protection, and will others be available to love and protect me if needed. How those questions are answered depends initially on the responses of their primary caregivers. Crucially, how they continue to be answered arises from how children subsequently learn to perceive themselves from the way they are treated, and how those perceptions are carried forward symbiotically into relations with others through their ongoing attachment style (e.g. Collins et al, 2002).

Securely attached children, notes Howe, will feel worthy of love and protection, and confident that it will be forthcoming, shaping their confident expectations of their parents. Any upset in the parent-child relationship will be quickly repaired by the parent, recognising that this causes distress to the child. Secure attachments have implications for good mental health, resilience, self-esteem and confidence.

Insecurely attached children will have experienced parents who have been unwilling or unable to offer them unconditional love and attention, because of their own unresolved attachment needs, suggests Howe. These children will therefore display more hyper-vigilance regarding the availability of their attachment figure, owing to the likely presence of unregulated anxiety, and they will develop adaptive strategies aimed at optimally securing their parent's interest and availability. These strategies involve suppressing their own feelings of anxiety and fear in order not to overwhelm their parent's attachment systems, meaning they cannot be true to themselves because to show their true feelings runs the risk of rejection or hostility.

Insecure attachments are classified in adults as preoccupied, dismissive and fearful. Fearful attachments, characterised by a lack of any strategy to get attachment needs met, occurs when the attachment figure in childhood has been frightening or frightened, and leads to behaviour which seems bizarre and incomprehensible.

Attachments and Relational Ontology

As children move into adolescence, as suggested by the research on attachments in adolescence, their attachment styles will predict when, with whom and how they will enter into romantic relationships (Grossman et al, 2005).

One thing that is apparent from the research on attachments during adolescence is the reliance on traditional psycho-analytical theories of the psychology of adolescence, in particular Erikson's work on identity (Erikson, 1968). While these views are influential, they have been argued as presenting a particular, linear view of adolescent development that suggests individualisation is the task of adolescence, with personal maturity being equated with separation (Sharp, 2003). Sharp notes the emergence of feminist developmental theory which argues that this view is gender biased, and that for females, it is not separation during adolescence that is the developmental goal but connectedness, so that ideas about the self are organised around important relationships (Surrey, 1991). According to Gilligan (1982), for young women the loss of a connection is tantamount to the loss of self, and therefore efforts to maintain relationships are put above any desire to assert oneself. As a result, young women can lose their own voice and lose touch with their 'selves' as the price to be paid for maintaining connections within important relationships. To answer the question of why that might be so, this thesis attempts to 'link the unlinkable' and look at the overlap between attachment theory and feminist relational ontology.

The description of the process outlined by Gilligan by which girls attempt to maintain their relationships is comparable to the description of what happens between a baby and her carer – her attachment figure. A relational ontology also recognises the significance of this throughout the life cycle. As Gilligan puts it:

‘The elusive mystery of women’s development lies in its recognition of the continuing importance of attachment in the human life cycle’

(1982:23).

Babies must also maintain their connections because their very survival depends on it, and as they grow and develop they have to learn how to balance asserting their own needs and wishes and pleasing their carers. While Gilligan posits that this is a process that is somehow related to being a girl, more research is needed to look at the process in boys, i.e. what happens to their attachments and their identity within relationships. According to Birns (1999), attachment theory is intrinsic to the way that many feminists think about how identity develops, that it accords with the notion of self-in-relation, and yet Bowlby’s work failed to find favour among some feminist thinkers because of its central theoretical proposition that maternal deprivation in the first few months of life lay at the core of insecure attachments, that the mother as ‘psychic agent’ was solely responsible for the psychic welfare of her child, and her absence from the home would have ‘lethal’ consequences for the child’s well-being (Riley, 1983). Bowlby always argued however that his work suggested the importance to the child of the presence of an attachment figure, not necessarily the mother, and that his work argued the case for the importance of the care-giving role, whoever provided it.

While self-in-relation theory developed as a political response to neo-liberal rational thinking, it is concerned with identity through subjectivity. Attachment theory sought to explain emotional distress in very young children and in doing so described the process by which identities might

begin to be shaped at a young age. Both theories stress the importance of human connections, although for early attachment theory it was a fundamental principle that only certain kinds of caring relationships could function as attachments. However with the volume of research over the last fifty years the picture of what constitutes an attachment relationship had broadened over time to suggest that different people and different types of relationships can fulfil different types of needs, so that for example stimulating play with one carer is as important to a child as soothing and safety provided by another carer. (Grossman et al, 2005). As children mature, peers and romantic partners also function as attachment relationships, extending the picture further. As self-in-relation theory does not so explicitly limit itself with regard to what kinds of relationships matter, it theoretically encompasses a broad range of relationships, for example those that may be short term but highly significant, such as between a nurse and patient, best understood from this perspective as a moral relationship governed by an ethics of care (Held, 2006).

While attachment theory is seen primarily as a system of physical survival, relational ontology might be described as a system of psychic survival, and both systems suggest that the loss of an *important* relationship threatens well-being and demands that proximity or connectedness be maintained by any means. Those means require insecure children and adolescents to work out what they need to do, and who they need to be, to keep important people in their lives when relationships are threatened, as suggested by Musick (1993).

The feelings that are generated by important relationships – those in which we desire or feel ourselves to be known and understood, and loved as our ‘selves’, are according to Bowlby those that are the most powerful emotionally, at times defying reason. While children, according to Bowlby, display behaviour that is close to their emotional state, through the process of development and sensitive care-giving older children and young adults should be able to increasingly control their behaviour so that

feelings are not so readily displayed. For those who were not helped to self-regulate, the ability to self-control in adolescence may be poorly developed where emotions are involved, leading to difficulties in behaviour, relationships and a lack of judgement.

Attachment theory provides an explanation of how a child's development may be affected by the degree of sensitivity with which her needs have been met. To consider *why* some children may not have received sensitive care-giving, Birns (1999) refers to a body of research from North America which suggests that maternal stress is a prime indicator of a poor quality of relationship between mothers and children. The biggest (but not only) impact on maternal stress identified was poverty, associated with racism and structural disadvantage so that firstly black and native American families, and then successive waves of immigrants, were seen to suffer the effects. Geronimus (2005) has used the term 'weathering' to describe the effect of poverty and deprivation on African American women, leading to early childbearing. To borrow another image from the natural world, pregnancy can also be symbolically representative of a flowering. Flowering is defined as being capable of producing something. It is also about gaining recognition and being successful. In the plant world, stress-responding flowering occurs in less than favourable conditions, whereby a shortage of nutrients and water cause a plant to divert all its remaining energies into reproducing before it dies, as its only means of survival. The impact on humans of living in poverty and deprivation long term is a state of chronic stress, and the mode of living also becomes survival. Reproduction is one system for ensuring survival, biologically, and for Geronimus early reproductive behaviour was a necessity for those whose long term health was severely affected by poverty. Poverty and structural inequality can therefore be seen to link with both maternal stress and early reproductive behaviour. From a relational ontology it can be theorised that anything affecting the quality of relationships between girls and young women and their mothers might have a significant impact on how the girls feel about themselves, and how

they explore their identity. As Musick (1993) suggests, sexual and reproductive behaviour is closely tied to identity as a part of adolescent development, and how this comes to be is explored is intimately related to childhood adversity. Attachment and relational needs do not simply go away if they are not met, and from this perspective, the urgency or the manner in which some participants who lived in difficult environments explored relationships outside of the home may be partly explained as a pressing desire to establish new and meaningful connections to meet attachment and relational needs that were not being met at home. The opportunities which may present themselves, says Musick, in their particular communities, and the way that those opportunities are explored, i.e. a failure to focus on self-protection, to put other's needs before their own, pave the way for the possibility of pregnancy as well as sexual exploitation.

Attachment Issues in Research on Adolescence

There is a significant degree of overlap between the issues in adolescence that are negatively associated with teenage pregnancy, and those that are associated with insecure attachments within the research literature, for example while teenage pregnancy is associated with problems in school (Hosie, 2007), Carlson (1998) has linked problems in school, dissociation, self-harm and suicidal behaviour in adolescence with disorganised attachments.

Self Esteem

Self-esteem is an important area of research within adolescent attachment studies because of the correlation between self-esteem and risk behaviours. Wilkinson (2004) looked at how parental and peer attachment, and self-esteem, impacted on psychological wellbeing among adolescents and found that relationships with peers were a continuation of the quality of parental relationships, as hypothesised by

Bowlby. Park et al (2004) looked at the associations between attachment style and contingencies of self-worth. They wanted to elaborate the domains on which people stake their self-worth rather than simply measuring levels of self-esteem per se. They found that basing self-worth on family support (a contingency that didn't require ongoing validation) was a highly significant predictor of a secure attachment style. Self-worth that depended on appearance and other's approval were positive predictors of preoccupied attachment styles, while appearance and academic competence were associated with fearful attachment styles. Secure individuals therefore appeared to derive their self-esteem from the love and support of their families and tended to experience other people as warm and responsive. Preoccupied individuals based their self-worth on validation from others, including approval about their appearance, and tended to have low self-esteem. Fearful individuals were also found to have low levels of self-esteem, believing themselves unworthy and undeserving of other's love and yet dependent on others for their feelings of self-worth in relation to their appearance and academic achievements. Laible et al (2004) point to research showing that high self-esteem is linked to pro-social behaviour, and a decrease in aggressive behaviour due to the development of empathy. Their research findings support the link between secure attachments with parents and secure attachments with peers.

Risk Behaviours

Substance misuse in children and adolescents has been correlated with insecure attachment styles (Kirkaldy et al, 2002) while Engels and ter Bogt (2001) examined the functions of substance use, transgressive behaviour (e.g. staying out late, non-payment of bus fares) and delinquency for adolescent friendships and relationships. In contrast to Kirkaldy et al's study, they found that substance use (as distinct from misuse) and transgressive behaviours were linked to higher levels of attachment, social support, friendships and relationships, reflecting the social function of these behaviours, whereas delinquency was negatively

associated with these factors. These findings, they suggest, support previous studies that have linked delinquency with poor parental attachments and lower levels of warmth and understanding from parents. Their sample of adolescents was drawn from a 'normal' population whereas a study by Gavadz et al (2003) looked at a non-normative population from one U.S.A. city to examine the relationship between childhood adversity, attachment styles and risk behaviours. Their targeted sample was young men who identified as engaging in sexual activity with other men (YMSM) rather than self-identifying as gay or bisexual, and who were predominantly from minority ethnic backgrounds. The authors looked at how childhood adversity such as sexual and physical abuse, parental mental ill-health and experience of foster care linked to serious and long-term negative effects on psychosocial and behavioural functioning into adulthood. The levels of adversity among YMSM are high, suggest the authors, and this in turn impacts on their ability to manage distress, to self-protect through positive health behaviours, or to engage in pro-social behaviours. The risk behaviours that Gavadz et al measured through interviews were homelessness, daily substance use, sex work, involvement in the criminal justice system, and being out of school or work. The authors found that a fearful attachment style was related to a range of outcomes that placed YMSM at risk of developmental disruptions and being outside of the protective systems of family, school and work.

Sexuality

Sexuality is an under-researched area in attachment studies. Bogaert and Sadava (2002) undertook a large (N=792) study of young people in Canada and found that a secure attachment style was linked to higher levels of self-reported attractiveness and more long term relationships. Anxious (preoccupied) attachments were modestly associated with a lower age at first intercourse, more lifetime partners and feeling less attractive, particularly for women. Bogaert and Sadava formed the hypothesis that insecure attachments can lead to what they describe as

'short term mating strategies' in young people, such as the early onset of sexual activity and many partners. This, they suggest, has also been explained as a result of weak bonds with parents leading to externalising behaviours, including promiscuity and delinquency. The authors also look at research suggesting that insecure attachments may be associated with low condom use, putting people at greater risk of sexually transmitted diseases and unplanned pregnancy (Moore and Parker-Halford, 1999).

Relationships

Furman and Shaffer (2003) look at the role of romantic relationships in adolescent development, and state that while their relationships at this time can be characterised as short and superficial, this belies the centrality of such relationships to adolescents' lives. Romances dominate conversations with peers, whether real or fantasised, and elicit strong emotions both positive and negative. Further, entering into a romantic relationship is seen to be a major developmental task of adolescence, affecting both health and adjustment. Such relationships, Furman and Shaffer argue, are also important generally for their role in shaping development in the key tasks of adolescence, such as transforming family relationships and scholastic achievement. They do however acknowledge that research of romantic relationships in adolescence is limited, restricted to western heterosexual relationships and almost non-existent in relation to developmental issues.

Describing Erikson's notion of identity development as a key developmental task for adolescents (1968) they consider the role of romance in identity development, firstly in relation to the impact of either positive or negative romantic experience, leading to enhanced or diminished beliefs about desirability ranking, and secondly in relation to global self-esteem, so that 'romantic self-concept has been empirically found to be substantially related to self-worth'. They suggest that additionally self-identity entails the acquisition of moral and religious values, political ideology, career selection, and the adoption of social

roles including gendered roles. Romantic relationships may help identity development, for example by learning about oneself through the reflections of another person. Conversely, they may hinder self-identity development if parenthood results, because the demands and responsibilities of parenthood leave no room for self-exploration. Gender-role identity acquisition may be intensified through romantic relationships as certain behaviours or roles are reinforced or punished by partners, and adolescents may try and behave in ways that they perceive will increase their attractiveness.

Furman and Shaffer suggest that while parental support decreases throughout adolescence, conflict increases, with a peak of affect (i.e. the experience of strong feelings) in middle adolescence. Relationships are renegotiated and transformed, but bonds remain. Romantic relationships may dominate an adolescent's life and lead to disagreements with parents about the suitability of partners, social venues frequented, and staying out late. In some cases romantic relationships are sought *because* of difficulties within families – an idea consistent with empirical research. Early romantic involvement is also linked to higher rates of drug and alcohol use, and lower levels of academic achievement. Dating behaviour in their children may arouse ambivalent feelings for parents but, suggest Furman and Shaffer, reports of conflict may be overstated.

In late adolescence, adolescents may begin the process of transforming their primary attachments from parents to partner, with support from either relationship being beneficial to relationships with both. What Furman and Shaffer do not explore is the impact of insecure attachments on romantic relationships during adolescence, on both partner selection and the quality of chosen relationships. As Howe (1995) posits, the social incompetence arising from insecure attachments leads to difficulties in relationships that insecure individuals are least equipped to deal with.

Summary and Conclusion

This chapter contemplates several disparate areas of study that are pertinent to the debate on teenage pregnancy and attempts to draw them together to provide a more varied range of relevant issues for consideration. It therefore covers ground that has appears to have been ignored in by policymakers for failing to reflect mainstream political ideology, and for being suggestive of radically different policy ‘solutions’ than are currently offered. This includes literature related to culture, post modernism, biology, feminist theory and developmental psychology, widening the debate of the pathways to early parenthood beyond that related to ‘risk factors’.

Firstly, the research examining the impact of heterosexual culture on contraceptive behaviour was presented, followed by research relating the role of emotions and rationality in teenage pregnancy. A sociological perspective of emotions as socially constructed as well as having biological and cognitive origins made the argument for the emotions as both emotional *and* rational. Relationships and decisions about having children were considered in the light of post-modern reflections on the nature of love and romance, before moving on to look at both planned and ‘pre-conscious’ motives for early reproductive behaviour, and research considering such behaviour developmentally. Attachment theory provided the framework for considering the research in relation to childhood adversity and adolescent attachments and how these areas might connect with teenage pregnancy, along with the suggestion of an overlap between attachment theory and feminist relational ontology.

Summary of Literature Review

This broad ranging literature review has covered three main areas – social policy in relation to teenage pregnancy, the body of research that has sought to portray teenage pregnancy as an undesirable and risky phenomenon, and literature that has sought to understand teenage pregnancy in an interpersonal and cultural context.

The social policy literature is somewhat polarised between the view that teenage pregnancy is a personal tragedy requiring a welfare response, and critical perspectives which have argued that the view of early childbearing as problematical is nothing more than a social construct which diverts attention away from the way in which structural inequalities impact on young people's life choices and experiences. It is perhaps inevitable that there is this dichotomy between 'problematic' and 'positive' perspectives, linked to the contested public status of teenage pregnancy as a social problem.

The literature related to risk looks at the correlation between early pregnancy and a range of risk factors, emphasising poor outcomes for young mothers and their children. The effect is to build a persuasive and yet unsubstantiated argument for controlling and preventative welfarist strategies that altogether ignores the impact of social disadvantage on the lives of some young women, and the meaningfulness of motherhood in contrast to other routes to identity, such as employment, for feelings of identity and self-worth in poorer communities.

The literature review then moves into the realms of the humanities to consider how the gendered cultural experiences of young women, specifically in relation to love and romance; alongside a psychosocial understanding of adolescent identity, emotions and relationships, are relevant to theorising about early reproductive behaviour. This culminates in a review of work that explores how these cultural and psychosocial aspects are thought to affect young women who have grown up in impoverished and dangerous communities where transitions to adulthood

are restricted and restricting and the draw to early parenthood is seen as understandable yet self-defeating. At present, the literature in this area seems the least well-developed and disparate, and there is potential for research which unites these themes more cohesively in relation to early motherhood.

By way of contrast, the 'cultural turn' that the social sciences have taken in recent years has led to an emerging interest in studying 'the maternal' as a distinct phenomena: there is interest in maternal subjectivities, embodied processes and gendered experiences as an area of focus that to some extent transcend the issue of age in relation to motherhood. Here then, are possibilities for future directions in research and literature on motherhood that might align young women's experiences alongside those of all mothers in more empowering ways, providing more of a nuanced picture of 'what is' for young mothers and perhaps encouraging a broader policy debate as a result.

The following chapter now moves to looking at how the research for this study was conceptualised and carried out.

Chapter Five

Methodology, Reflexivity and Process: Using Narrative Analysis

Introduction

This chapter begins by detailing the manner in which the research design evolved and the thinking behind the design decisions, before considering in detail what issues are raised by adopting a narrative analysis. It goes on to describe how the use of narrative analysis and subsequent research design has been informed by a feminist approach. The chapter then considers reflexivity as an essential process to be integrated into a qualitative methodology, as a prelude to the inclusion of biographical data related to personal, professional and educational experiences. The question of validity in qualitative research is examined briefly before the research methods are detailed, including issues of access, sampling, and selection of the interview method leading to the design of the interview schedule. Ethical issues are expanded on, and issues related to transcription methods are discussed, before the question of data analysis is addressed. The chapter concludes by considering how the selected method for data analysis informed the presentation of the data in chapters six, seven and eight.

Research Design

As outlined in chapter one, the research question developed as a process which culminated in the decision to undertake narrative research. My initial research question was to explore a phenomenon that was causing apparent puzzlement: why teenagers continued to become pregnant despite the fact that contraception was freely and readily available (Arai, 2003a). My initial thoughts, based on an a priori theoretical reasoning about the role of attachments in this process, suggested following a hypothetico-deductive model, which would have relied upon the administration of a reliable assessment tool in the form of a structured

questionnaire aimed at determining attachment styles in a large sample, perhaps combined with in-depth semi-structured interviews with a proportion of the sample. However, I did not feel that this design reflected my ontological perspective. As Mason (2002) observes, clarity about one's views on the nature of social reality and what might represent knowledge of that social reality should lead to a coherent research strategy linking initial questions with methodology and methods.

I eventually rejected a questionnaire-based approach in favour of a design that was qualitative. My 'intellectual puzzle', which Mason suggests is the starting point for qualitative research, was why teenagers continued to experience 'unplanned' pregnancies despite the availability of contraception and the provision of sex education. Much of the existing research related to teenage pregnancy was concerned with causal relationships and dealt with variables such as age of sexual debut, physical proximity to sexual health and abortion providers, socio-economic differences etc. I felt strongly that I wanted to produce research that considered *subjective* meaning, one that reflected 'human lived experience and the physical, political and historical context of that experience' (Ellis and Flaherty, 1992: 1). Further, my thoughts led repeatedly to a desire to explore the meanings (if any) attached to reproductive behaviour for young women themselves:

'...once we commence the task of trying to make sense of what people are saying, of how they are acting, of how they are living their very lives, it becomes patently clear that dealing with these phenomena as if they were digestive systems or synapses won't do. What is required is a process, an interpretive process, wherein we aim towards understanding what is said, acted, or lived.'

(Freeman, 1993: 4)

My choice was validated by references in the literature to the need for more research from the perspective of young women (Arai, 2003c;

Greene, 2003; Cherrington and Breheny, 2005). I felt that 'relationship-based thinking' (Howe, 1995) and consideration of gender issues that was largely absent from existing research (Greene, 2003) could still inform my analysis, but the process would be more inductive rather than setting out to prove or disprove a particular hypothesis. I decided that the most suitable method for achieving these aims was to conduct in-depth interviews with young women who had experienced early pregnancy, i.e. pregnancy before the age of eighteen. Through discussion in supervision it also became clear that a narrative enquiry could provide a framework for attending to the lived experience of teenage pregnancy, and one that would also allow me to move into the role of listener of stories rather than asker of questions, thereby reducing my power within the interview process (Elliot, 2005). The suitability of narrative enquiry for examining life events is recognised:

'Narratives also recount those events that happen unwilled, unpredicted and often uncalled for by the actors, even if those very actors set the events in motion in the first place....'

(Mattingley, 1998:8)

Narratives and Narrative Analysis

'Story telling and story comprehension are natural and pervasive modes of communicating meaning'

(Mishler, 1986:68)

'Life stories can originate from many sources, written and spoken, and take many forms in terms of style and genre'

(Plummer, 2001:19)

'How do individuals construct the stories they tell about their lives? What is the relationship between living and telling: between our day to day experiences and the way in which we

internally organise these experiences and subsequently represent them to ourselves and others?’

(Andrews, Day Sclater, Squire, Treacher, 2004:2)

These brief quotes illustrate some of the issues in relation to considering what narratives are. Firstly, what do I believe about definition of a ‘narrative’? How does it differ from any other kind of communication that may occur? I am coming to the understanding that to produce a verbal narrative requires an interweaving of a sequential description of events or situations, illustrated with reports of spoken words or verbal exchanges, observations, evaluations, thoughts and feelings, that are drawn together in a sense-making ‘whole’ which aims to achieve a particular communicative goal.

Emplotment is seen as central to the creation of narrative. The meaning of the term ‘plot’ in this context is similar to that used in literature where a range of heterogeneous events and experiences are structured to form one story (Ricoeur, 1991).

‘Through the recounting of stories, people reveal what they perceive as the dominant influences which have shaped the course of their lives’

(Andrews et al, 2004: 2).

Narrators may therefore reveal their understanding of events and how they are linked both implicitly through the selection and ordering of what they say, and explicitly through their evaluations, although Riessman cautions that ‘transforming a lived experience into language, and constructing a story about it is not straightforward’ (2008:3). What, asks Freeman, limits the range of possibilities by which an individual emplots their life? It is, he suggests, most obviously the narrator and less obviously the social world which is ‘meaningful and morally charged in quite specific ways’ (1993:198). Stories, for Freeman speak of the teller but also act as a channel for circulating discourses – a ‘circumscribed

discursive space'. Furthermore, those who listen have no means of 'extricating ourselves from our own culturally-based means of understanding' and instead 'attune ourselves as best we can' by creating 'plausible and appropriate interpretive contexts' (p.200-201). Further, part of that interpretation calls for the listener to resist taking accounts at face value, suggest Hollway and Jefferson (2000) but instead to 'question, disagree, counter-example, interpret, and notice hidden agendas' using every-day knowing.

Stories may share common features, including a structure that usually consists of a beginning, middle and end, but Riessman suggests that cultural traditions may offer differing assumptions of what they should contain, for example temporally ordering clauses to give the sense that events are happening in a time sequence may not be universal. What narratives may be agreed to do is to communicate in a particular 'sense-making' way that can serve a variety of functions. Making sense is a key skill in narrative competence:

'What is it that we mean when we claim that a narrative ought to be plausible? For one, we mean that it ought to be coherent; it ought to be able to make sense of the available information. This does not mean that all narratives ought to be able to resolve all the events and experiences of the past into an unambiguous, interconnected, seamless whole. Nor does it mean that things aren't occasionally quite senseless. All it means is that with some particular body of historical data at hand, the resultant narrative scheme ought to be able to encompass these data in a way that isn't fraught with obvious contradictions, stupidity and so forth'

(Freeman, 1993:163)

Riessman suggests that whatever the approach, narratives are seen by most investigators as ordered and sequenced so that "One action is viewed as consequential for the next" (Riessman, 2002:698). Further, the temporal ordering that is evident within most narratives highlights the

uniquely human importance of time in constructing meaning, identity and sense (Ricoeur, 1991; Crossley, 2000; Riessman, 2002). Riessman refers to the vivid expression of humanity and agency that narrators often achieve: while the concept of agency is associated with post-modern thinking, vivacity is less explored within narrative literature: yet the ability to induce graphic visual mental imagery in the listener(s) strikes me as one function of narrative. This is hinted at in Labov's view that good narrators have the knack of drawing in their audience (Labov, 1972) – drawing them in where, it might be asked, with the answer being in to the seeing the world through the mind's eye of the narrator, with some degree of suspense.

Andrews, Squire and Tamboukou (2008) outline the history of narrative research as having 'two parallel academic antecedents': firstly humanist approaches in western sociology/psychology; and secondly Russian structuralist, French post-structuralist, postmodern, psychoanalytic and deconstructionist approaches to narrative in the humanities. This second approach was interested in story structure and content but also contradiction, the unconscious and multiple subjectivities, *not* single, agentic storytellers and hearers – here, then, the person is told by the story. Andrews et al suggest these two approaches do converge, generally by a 'shared tendency to treat narratives as modes of resistance to existing structures of power' (p.4), but theoretical assumptions about subjectivity/subjectivities remain in contradiction. They also point to the current wide variability in what is included within narrative and how it should be studied – as material, method or route to understanding social/psychological phenomena.

While the term 'narrative' can include a broad spectrum of definitions, I am concerned with stories of experience for the purposes of this research, stories that Andrews et al refer to as external expressions of internal phenomena – events, thoughts and feelings. It is important to clarify that I am interested in obtaining autobiographical narratives and not life histories. Kirkman et al (2001) suggest that 'autobiographical

narratives are of interest in themselves' (p.281). They are not studied as factual accounts but as evidence of the way that people construct the meaning of events and experiences in their lives (Mishler, 1986).

Narrative analysis refers to the range of methods available for interpreting storied texts, and the interrogation of meaning and language (Riessman, 2008). Narrative analysis has evolved into a variety of practices. Denzin (1998:335) outlines Sartre's (1963:85–166) progressive-regressive method of analysis: 'the investigator situates a subject, or class of subjects, within a given historical moment. Progressively, the method looks forward to the conclusion of a set of acts or experiences undertaken by the subject. Regressively, the method works back in time to the historical, gender, class, race, cultural, biographical and emotional conditions that moved the subject forward into the experience that is being studied'. Labov's 1972 work on event analysis, in which he attributed a variety of linguistic purposes to the clauses he identified within the narratives of young black urban males, preceded the Ricoeurian approach of experience-centred analysis (Ricoeur, 1991). Plummer's work (1995) moved to a cultural approach to narrative while Bruner (1990) considered narratives as breaches and restoration of canonical understanding. Riessman (1993) drew together event, experience and culture in her approach to the study of narratives. Both Riessman (1993) and Mishler (1986) provide absorbing accounts of the point at which they realised that the lengthy stories provided by interviewees in response to narrow questions, which they had originally seen as extraneous material, were actually of the most analytical interest to them. My struggle was to try and understand the different approaches and how they related to my area of research, in order to consider how I might proceed in the analysis of my data. It was also over a period of time that I became aware of being drawn to writers who explicitly or implicitly acknowledged the subjectivity of narrators, which I came to realise as intrinsically linked to the question I was asking – not 'why do teenage girls

become pregnant' but 'what meaning does becoming pregnant have for teenage girls'.

Feminist Research

I wanted to take a feminist approach in my research, and a helpful starting point is to elucidate what I mean by this. While the original definition of feminist research – 'on women, by women and for women' (Roberts, 1981) – is widely held to be to be problematical (Stanley, 1990), there are features which can be generally found in feminist research that I would want to aspire to. These features include an awareness of gender issues, a 'conscious partiality' (Mies, 1993) that utilises self-awareness, reflexivity and subjective experience, an emphasis on ethical issues and the rejection of hierarchical power relations within interviews, and support for the expression and validation of women's experiences. This is perhaps best summed up by the phrase 'feminist research practice' that focuses on 'the questions we have asked, the way we locate ourselves within our questions, and the purposes of our work' (Kelly, 1988:6). While there are no specifically 'feminist' methods, all of these issues were relevant to the selection of the research methods for the study. The use of a biographical narrative interview lent itself to a listening process that hopefully reduced the power imbalance within the interview, and encouraged the participants to tell their stories, respecting the participants as experts on their own experiences. Analysing the data using the voice-centred relational method gave further emphasis to the individual and collective voices of the participants, and for those voices to be heard in the presentation of the data, reflecting the reality of their lives.

Reflexive Theory

The process of reflexivity is 'at the heart of feminist methodologies' and central to narrative enquiry too (Etherington, 2004:31). Etherington

describes reflexivity as the conscious ability to recognise how one's subjective experiences shape the process of research and guide interpretation: informed by, but not defined by, self-awareness. Reflexivity can be reflected in the location of the researcher within the body of the text (Denzin and Lincoln, 2000), and the emphasis on a collaborative approach to research and the importance of considering the role of the researcher-participant interaction in creating interview narratives (Etherington, 2000). By making her position - and her growth and change - explicit, the researcher is enhancing the reader's ability to make sense of the research and increase trustworthiness and validity of the outcome by the transparency of her account – although this position is expanded on by Finlay (2003) who points to the multiple meanings of reflexivity depending on theoretical or methodological positioning, comparing 'social critique' with 'introspection' for example, and who argues for greater reflexive analysis whichever route is taken.

Process of Reflexivity

I have attempted to embrace reflexivity throughout the course of this research, by considering how the relevant biographical details of my own life were influential in my research methodology; and by paying particular attention to my role in the dialogical construction of the interviews I carried out as part of my data analysis. In this way, I was able to see how for example I had inadvertently closed off certain avenues of narrative potential and instead opened up others that related to the themes in which I had most interest.

The story of what shape my analysis will take is ultimately the story of what strategies make the most sense to me, given my particular subjectivity and how I locate myself temporally and spatially to the topic that I am studying. The turn to reflexivity within research brings an awareness of self, and self-consciousness, into the process of designing, interpreting and writing up a research project. Given this, it is important to reflexively consider the experiences and thoughts that have

shaped my positioning, and so I will begin with some relevant auto/biographical details

In 1970 my family moved as returning emigrants to become a resident of a new town, then in its infancy, made up at that time of a dozen or so council estates each with their own distinct neighbourhood identity but nevertheless related. I had moved into an environment that was part traditional working class community and part wild west: wide open spaces, pioneering, and at times lawless. Everyone knew each other, or knew of each other by name, family and/or reputation.

My first foray into independence came at the run-down farm, only five minutes from our house, where girls from the surrounding area were able to keep horses in fields and a few ramshackle stables at affordable rates. Horse mad, I was drawn to the farm and spent every spare minute there. There were very few adults around, and the culture could be somewhat feral at times: a cross between Thelwell's Ponies and a female version of Lord of the Flies. It was tough for someone shy and unworldly, as I was then, but I observed and learned about both horses and human nature. It also meant the chance to meet a large cross-section of girls, ranging in age from eleven to seventeen or so, and to begin to make friends and fit in. The networks formed here enabled me to begin to navigate the area within a radius of about seven miles, on foot, bicycle or often on horseback, and took me into worlds very different from my own.

My first experience of teenage pregnancy was 1972 aged eleven, when on visiting the home of one of the 'farm' friends I naively (and loudly) asked where the father of her sixteen year old sister's new baby was. My embarrassed but kindly friend took me aside and whispered that this was not a topic for polite discussion. I had absolutely no idea why this was not a reasonable question, thinking that I knew enough about reproduction to know that a male and a female were involved, but I cannot recall how I resolved this biological knowledge with the information that socially things were a bit more complex.

Later that year, I began my secondary education in a single sex comprehensive school. From that point, boys became another species. On entering adolescence, my friends and I negotiated our emerging sexual identities in an era where Jackie magazine (with it's pop idol centrefolds) was our only source of written information, where relationships with boys were longed for, feared and discussed endlessly and where contraception information was the stuff of myth and legend.

At school, there seemed to be two types of girl: studious or rebellious. Following the fallout of my parents' divorce in 1974 and my mother's subsequent depression I aligned myself firmly with the second group, and apart from joining the Young Communist League which seemed the most anarchistic thing I could do, my breaks and lunch hours were spent hanging round with the smokers at the garages next to the school. My second experience of teenage pregnancy came when I was fourteen. When one of my best friends from the garages became pregnant she shared the details with me, knowing that I knew the other person involved and the venue where they had met: I was later to hear how the putative father responded on hearing the news of his paternity (by laughing, then punching her in the face and walking away). I observed her growing bump with a mixture of disbelief and fascination. At a time when such events were scandalous and practically unheard of within schools, or at least certainly not witnessed, she handled herself with panache and style, ordering taxis into town at lunchtime to get her craved-for prawn curries.

Then she disappeared to a mother and baby unit in another town, only returning when she had delivered her baby and had him adopted at the insistence of her parents. All that she had was one photo and the name that she had given him. She told me that she would not be able to have any contact with him for at least eighteen years, which to us then seemed like an eternity. I never understood how she coped with all of this without a trace of bitterness or self-pity. I lost touch with my friend for a while when she left school and next time we met she was working as a prostitute in London: we re-connected and stayed close for a year or two

before our lives took us in different directions. I still think about her, and her son, and wonder if they have ever been reunited.

The point about telling this last story is that it is an attempt to convey some credibility to my assertion that although I am now middle-aged and by virtue of my education middle-class, the terrain that I have chosen to traverse in my research topic is not entirely unknown. While my life experiences were of their time and place, there is nevertheless a degree of familiarity with where some of my research participants have come from, and some of the issues they face, and as Plummer (2001) argues this is important because:

“How can one theorise or interpret.....if there is no *familiarity* (my italics) with what it all means to the participants themselves?” (Plummer, 37).

What I am attempting to reflexively consider is how growing up, and living most of my adult life, in an area that is now recognised as containing deprived neighbourhoods and where there is a higher than average rate of teenage pregnancies, being a part of the community and sharing those life experiences, has subjectively shaped my perspective. This alone is not what drew me to choose this area of research: my interest initially arose from the adoption of teenage pregnancy as an area of social policy by the incoming Labour government, giving it a relatively recent policy history, in tandem with my interest in women’s issues.

This interest was shaped to an extent by my experiences of further and higher education. I can still vividly picture the scene when I attended a lecture at my local college aged twenty and was introduced to feminism through a critical discussion of the construction of female sexuality evident within Jackie magazine. Here, suddenly, was a paradigmatic shift where I was given the language and ideas I needed to affirm my own thoughts and experiences, to learn what I tacitly already knew. In contrast, I initially struggled with sociology, unable to understand or recognise the concepts that were being explained, with one notable exception: I remember the feelings of fear and exhilaration I felt, like on a fairground ride, as my brain struggled to make sense of the concept of the social construction of reality, as

everything I had thought of as a certainty disappeared to be replaced by something as yet unclear but holding the promise of exciting and heretical possibilities.

My apparently disparate work experience began with a part time local job while at college, in what was then termed a mental handicap hostel. The manager of the hostel came from a background of working in a local authority-run therapeutic community for adults with mental health issues. In practice this meant that she implemented a model of care where great attention was paid to the psychodynamic experiences of the residents and this was reflected in the culture of the staff team, where decisions by consensus meant lengthy and lively staff meetings.

The fundamental principles that we worked to meant that residents were treated as adults with respect for their choices long before this approach became mainstream within the field of learning disability. Behaviours that might have been punished, modified, eliminated through control or force elsewhere were explored in terms of the meaning that they held for the person displaying them, whatever their level of verbal communication skills. This meant a great deal of discussion within staff meetings to arrive at shared understandings that created a consistent approach.

It also meant a good deal of reflexivity, of examining and sharing of the self, and to me it meant observing and learning a highly adaptive way of understanding and working with people that seemed deeply humane and benevolent. This culminated in an epiphany for me: I realised that a resident with severe learning disabilities that I found extremely challenging and difficult because of his constant need for attention, obtained through aggression and disruptive behaviour, could not and would not be changed and that I could only change myself, my approach, in order to work with him. It was the beginning of learning to listen and accept.

I worked in the hostel for a total of eight years: part time, then full time, then during university holidays, and it became my family of choice. There is much more that I could say but to be concise this work setting shaped my beliefs about relating to and understanding people, and indeed myself. To relate this to my data analysis, while I am sceptical regarding the explanatory power of theories of the unconscious mind for all human behaviour, it is nevertheless part of what I am attuned to listen

to, and my belief in the psychosocial as an important area of focus for understanding people persists.

Moving to the present day, perhaps the most powerful aspect of my own personal auto/biography impacting on the subjectivity of my research was that of unexpectedly becoming a mother one year into my doctoral studies. The timing of this event, a case perhaps of life imitating research, gave me a very vivid contemporary insight into the process of the transition to motherhood which has most certainly added a great deal to my understanding of the experiences of the young women I was interviewing. Although I am at the very opposite end of the maternal age spectrum to them, I learned firsthand the shock of giving birth, the exhaustion of caring for a helpless newborn while sleep deprived, the difficulties of not having wider family around to help out, the fear of not knowing what to do and of what could go wrong, and having my life, in terms of my daily experiences and practices, completely altered. I also learned about the incredible sense of achievement that comes with birthing a child, how hours can pass unnoticed in nursing and gazing at a new baby, the intensity of unconditional love. In other words, it gave me an awareness of issues that I just could not have learned theoretically. Also, it gave me common ground for building rapport with the young mothers, providing the opportunity for sharing the diverging experiences of mothering small children if asked about my mothering status, while mindful of 'appropriate self-disclosure'.

These three areas of my life: personal, academic, and professional, are what I believe to be highly relevant in explaining my subjectivity. It is interesting and pertinent that I have chosen to illustrate this through a narrative. There is not the space to analyse this brief auto/biographical sojourn, but it is fertile ground.

Validity

The issue of validity in narrative enquiry is an important and contentious one. Qualitative research, it can be argued, lacks scientific rigour because it is strongly subject to researcher bias, lacks reproducibility and

generalisability and therefore cannot be said to be valid and reliable (Mays and Pope, 1995). These criticisms, Mays and Pope argue, are premised on the notion that research presumes to present 'the truth'. Riessman (2008) points to the two levels of validity required in narrative enquiry – the story told by the participant, and the analysis of that story presented by the researcher, however Kirkman et al (2001) suggest that autobiographical narratives are not investigated as 'the truth' but as containing the subjective meaning of the narrator.

Mishler (1986) asks how we can assess the validity of narrative interpretation, before putting forward an argument for a reformulation of evidential questions that bear more relevance to this model of research. Qualitative research is not, he suggests, 'the determination of one singular, absolute truth but the assessment of the relative plausibility of an interpretation when compared with other specific and potentially plausible alternative interpretations' (1988:112). He argues that case-based research is as scientific as variable-based approaches.

These two perspectives suggest that the narrative approach can be assessed for validity if considered as a means of revealing subjectivity, and if interpretations are theoretically supported.

The route to a systematic and transparent analysis that will enhance validity, according to Mason (2002), is clarity about what data sources are able to reveal, and an assessment of how well they are able to do this. This inevitably requires considering how well the logic of the method used is matched to the central research question. In this case, I must consider if individual interviews with a small number of young women who had experienced early pregnancy were the right strategy to enable me to answer the intellectual puzzle of the meaning of pregnancy for those young women who wish to, yet fail, to avoid pregnancy. Further, were the questions I asked within the interviews justifiable for reaching that end? The use of a narrative approach was logically consistent with the attempt to uncover participant's meanings and understanding of early pregnancy,

and asking a simple starting question about the story of their pregnancy contained an implicit belief that such meanings would be inherent in the narrative structure and content of their replies, which was the case.

Research Methods

Literature review

The literature search undertaken for this study was an ongoing process throughout the lifetime of the research, but the starting point was to study several reports published by the Teenage Pregnancy Unit (TPU), and to examine the references they contained. The rationale for this was that the literature review would consider the research drawn on by the TPU to develop its policies. One key report was Swann, Bowe, McCormick and Kosmin, (2003) 'Teenage pregnancy and parenthood: a review of reviews', which aimed to provide a research briefing based on 'evidence drawn from systemic and other kinds of reviews'.

Initial searches were undertaken of databases including Assia, Psycinfo, the British Library Catalogue and ChildData using search terms such as teenage pregnancy, teenage parents and adolescent pregnancy. The selection criteria was research published in the last eight years, plus 'key' texts and articles preceding this date. These were decided by extensive cross-referencing of the reading lists of more up-to-date texts to build up a map of the research literature, including the most prevalent authors. Literature cited by several sources was considered as a key text. Relevant journals were also hand-searched and organisation websites such as the Trust for the Study of Adolescents were examined for publications.

National studies or those with large samples, such as the Avon Longitudinal Study of Parents and Children were given preference over

smaller studies, and work from the UK was given priority over literature from the US, Europe and other countries. As the map of the literature developed, searches were carried out on specific themes emerging as relevant to the issue of teenage pregnancy within journals and databases, for example education, including by using keywords already found in papers. The use of internet search engines such as Google Scholar was found to be useful for supplementing the search process, particularly for looking at the range of a given author's work.

Sample

The process of completing a literature review was fundamentally linked to the design that shaped my research, including sampling. Having noted gaps in the research on teenage pregnancy from young women's perspectives, and in line with my epistemological positioning, I embarked on the strategy of a small-scale qualitative piece of research aiming to closely interpret personal stories. Purposive and theoretical sampling can be regarded as synonymous (Silverman, 2000) and my sampling strategy contained elements of both. I purposively selected cases that fitted the aims of my research to obtain the narratives of young women who have been pregnant as a teenager, from a diversity of backgrounds.

There are approximately 40,000 conceptions to under eighteens each year, providing a large research population to select from. This population was narrowed to two sites in South East England: a London Borough and a Shire town that were both within reasonable travelling distance - this practical aspect reflected my personal situation as the mother of a toddler at the time of initiating fieldwork. The London Borough has a teenage pregnancy rate that has experienced an 8% decrease in under-18 conception rates between 1998 and 2005 (Local Authority Teenage Pregnancy Analysis, TPU Feb 2008) despite being rated as an area at five in the deprivation quintile (five being most deprived). The abortion rate of under-18 conceptions over the same period has increased from

53% to 59%. The Shire town contains an estate that recently came to national prominence for high rates of teenage pregnancy, but this was entirely co-incidental and had no bearing on selection. The under-eighteen conception rate for the same period (1998 – 2005) increased by 15% (Local Authority Teenage Pregnancy Analysis, TPU Feb 2008) despite the area being rated at two in the deprivation quintile. The abortion rate for under-18s has remained fairly steady here at around 50% over this period of time.

Neither of these areas therefore fits the picture recently presented by the Department for Children, Schools and Families (2007) of a downward trend in both conceptions and abortion rates over the life of the teenage pregnancy strategy. Theoretically however there is no reason that these sites would not produce 'cases' that were representative of the research population in general, while recognising that each case is individual, each narrative unique. There are demographic variations across the sites and the research design attempted to ensure further diversity by including an equal number of young mothers and those who had not continued their pregnancy, although for reasons which are elaborated in 5.6.4 this was not possible.

The sample of twenty three young women ranged in age between seventeen and twenty three, with a mean age of 18.1 years. Eighteen of the women had one child aged two or under, and three women had two children under the age of two (including one set of twins). Two of the women had no children: one had terminated a pregnancy and one was pregnant with her first child at the time of interview. All had become pregnant between the ages of fourteen and seventeen. Ten of the total sample came from the London borough, and twelve from the Shire town. One came from outside these two areas, because of the difficulty in recruiting young women who had not continued their pregnancy; this is discussed in more detail on page 137 - 139.

Participants were recruited in two waves, with the first wave following the focus groups which were held in each location. At the start of the focus groups, there was a brief description of the planned research with the suggestion that anyone who wished to put themselves forward to be interviewed could volunteer after the meeting had ended. This resulted in four people coming forward from the London group and two from the Shire town group. A further four young mothers were recruited in the neighbourhood young parent's groups within the Shire town area, following an appeal by the group co-ordinator to those groups asking for volunteers.

The second wave of recruitments took place several months later, when the group memberships had mostly changed due to natural turnover. I revisited each setting and outlined my research, following which six women from the London Borough and six from the Shire town came forward for interview.

The most obvious characteristic of the sample was that they were all attending a group connected to their status as young mothers. In the case of the London borough it was a weekly reintegration group, provided by the borough through its Youth and Community services, aimed at getting young mothers back into education, and in the case of the Shire town it was a weekly support group for young parents set up as a charity by a young mother. This factor might therefore set the sample apart from those young mothers who didn't attend a group or who used mainstream support such as mother and toddler groups.

The London borough group was much more ethnically diverse than the Shire town group, with a high proportion of black and minority ethnic group members which partly reflected the local community and partly reflected those young mothers with a desire to get back into education. This in turn impacted on the make-up of the total sample from the London borough, with sixty percent (n=6) of the participants having a black or dual (both black and white) heritage. One of the sample from the London

borough self-identified as having learning disabilities. Two of the participants lived in other London boroughs and one came from another European country, while two had moved to the borough from other parts of London. The remainder had grown up in the borough.

The Shire town group, in contrast to the London borough group, was largely of white ethnic origin. Again, this was reflected in the ethnic make-up of the sample. One of the sample did not identify her ethnicity and so this remained unknown. Several of the participants had moved into the area as teenagers, either from other parts of the country, from London, or from within the county.

Aside from differences in the ethnic make-up of the samples, there was little to distinguish the young women from the two settings in terms of the narratives they provided or the elements that made up their stories. In terms of the lifestyles and life experiences they described, they could all be considered to have come from working class backgrounds. The young women from the Shire County, which was classed as a less deprived area than the London borough, were nevertheless representative of the more deprived sections of that community.

Table of Participants

Pseudo nym	Location	Age	Children +Ages	Ethnicity	Accommodation
Abby	London	18	Boy, 2	White	Council flat
Becky	London	17	Girl, 1	White	Family home
Caitlin	Shire town	18	Boy, 1,	White	Council flat
Dee	Shire town	17	Boy, 5 mths	White	Council flat
Elise	London	18	Boy, 2	Black	Council house
Fay	London	18	Girl, 6mths	Black	Mother and baby unit
Grace	Shire town	17	Girl, 2	White	Family home
Hilary	Shire town	19	Girl, 1, Boy, 5mths	White	Council flat
Isabelle	Shire town	20	Girl, 2, Girl, 1	White	Council flat
Jade	Shire town	18	Boy, 2, Girl, 2	White	Family home
Keira	Shire town	17	Girl, 8 mths	Not known	Private rented
Lisa	Shire town	17	16 wks pregnant	White	Supported lodgings
Mia	Shire town	19	Girl, 2	White	Council flat
Natalie	Shire town	17	Boy, 20 mths	White	Family home
Paula	Shire town	18	Boy, 5 mths	White	Council flat
Rachel	London	18	Girl, 10 wks	Dual heritage	Family home
Shanti	London	18	Boy, 10 wks	Black	Housing association
Tania	London	18	Girl, 8 mths	White	Council flat
Vicky	London	18	Boy, 8 mths	Black	Private rental
Whitney	London	17	Girl, 2	White	Family home
Yolande	London	20	Girl, 2	Dual heritage	Family home
Zoe	London	17	Boy, 5 mths	White European	Private rental
Amy	Shire town	23	-	White	Private rented

Research Strategy

The initial plan was to hold a focus group at each site and then conduct a total of twenty interviews, ten in each site of which five would be with young parents and five would be with young women who had not continued their pregnancy. This was an important element of the research design, because the intellectual puzzle of 'unintended' yet unavowed pregnancy may be more saliently explored with this second group, yet they are under-researched and of less policy interest, creating the impression that their experiences are less important. This however brought up practical difficulties about how to recruit both mothers and non-mothers to a focus group, and ethical difficulties about holding a focus group containing a mix of the two. Given the anticipated difficulties of recruiting non-mothers to the study the decision was made to utilise existing groups for young mothers to run the focus groups and therefore avoid those envisaged practical and ethical difficulties. When the foreseen problem of recruiting those who had not continued their pregnancies for interview was realised, and it became apparent that it would not be possible to fulfil this part of the plan by a pre-set cut-off date, the decision was taken to increase the number of young mothers being interviewed instead to maintain the original planned size of the sample. The sample size was determined by the volume of data that could be expected to be generated for analysis from this method (Elliot, 2005) meaning that larger amounts might not be suitable for narrative analysis. Further, narrative samples are not aiming for generalisability (Riessman, 2008) and so a large sample is not required.

There was no intention from the outset of the research design to attempt to match participants in terms of age at becoming pregnant, or the age of their children at the time of the interview. The selection of two sites was to ensure a diversity of participants rather than any consideration of comparisons between the two groups. Each participant's narrative was seen as arising from a combination of their unique biographies, personalities and cultural contexts.

One of the initial considerations that guided the research strategy was the age of the participants. Interviewing young people under the age of sixteen brings additional responsibilities in terms of negotiating access and establishing informed consent. I did not feel it was necessary to include under sixteen's in the study because personal narratives do not diminish over time (although they may of course change due to for example developments of insight or fading memory), and I could still interview someone of eighteen or nineteen to talk about their pregnancy at fifteen, for example. I did however decide that I would limit the research field to those who had been pregnant under the age of eighteen, as opposed to using a more literal definition of a teenager as someone up to the age of nineteen. The rationale for this was that from my initial literature search it was apparent that pregnancies to older teenagers of eighteen and nineteen do not generally engender the same concern as mid-teens (fifteen – seventeen) or particularly pre-teens and young teens up to fourteen years old. While adolescence can be defined as a socially constructed concept (Macleod, 2003), pregnancy in those closer to adulthood is more acceptable than those whose age defines them as closer to childhood. The sample was further limited to those under the age of twenty five at the time of interview in order to ensure accounts were contemporary with recent policy developments.

Gaining Access

According to Flick (1995) qualitative research raises crucial questions about access to the field which requires special attention because of the demands made on both the researcher and participants in terms of time, intensity and depth of disclosure.

One of the considerations discussed within supervision was whether to approach 'open' or 'closed' settings (Silverman, 2000). I was keen to avoid any bias that might have occurred had I negotiated access through agencies that were providing a social work or social care service to young

parents, meaning that my introduction to young parents via service providers might have pre-determined the shape of their stories. This meant that I would be unable to utilise any professional contacts that I had, which was a rather daunting prospect. Instead I was left to contemplate where to start 'in the field' and how to proceed from my own position of institutionalisation from years of working within large organisations. I also felt that I had to do a lot of re-thinking about my 'worldview' which was influenced by my professional background as a social worker, and that had led me to see things within particular structures and parameters, such as the construction of people as 'clients' at risk and in need, who were somehow shaped by the services they were receiving. I think being able to move away from this view has been partly responsible for the way my thinking has developed over time, along with the excellent supervision I have received.

Negotiating access was an interesting, and at times worrying process. 'Starting from scratch' definitely made access more difficult but my reflection is that I learned more from this, and was liberated from certain expectations by moving outside of my networks. Having decided on two research sites, to reflect demographic diversity, I was very fortunate at the first site to find a social group that had been set up by a young mother in response to her own experiences of stigmatisation by health professionals and other mothers during and following the birth of her son. Through her I was able to attend several meetings in different areas and make contact with young mothers who were willing to be interviewed. In order to access the second research site, I followed up a contact given by a fellow student which eventually led me to a reintegration officer who was running a support group to get young mothers back into education and training. Research participants came forward following a focus group that I held there.

What continued to be problematical was accessing young women who had not carried on with their pregnancy. This is a recognised difficulty (Lee, Clements, Ingham and Stone, 2004) and made more difficult by

being outside of any setting that may have facilitated access, such as a clinical setting. While I did not want to have research participants referred to me by professionals, obvious venues for advertising to people likely to have had abortions would have been either sexual health or family planning clinics. Due to clinical research governance, which requires all adverts aimed at recruiting research participants that are displayed within National Health Service (NHS) settings to obtain NHS ethics committee approval beforehand, I was unable to place adverts in such settings as the timescale to apply for approval would have taken too long. My strategy was therefore to place carefully-worded adverts in local colleges; town centre, high street and neighbourhood shops; and supermarket notice boards. I also made contact with a national private abortion provider with premises in the Shire town, without response, and to relevant branches of a charity offering pregnancy counselling, including post-abortion counselling, in both sites. Only one of the branches responded, to say that they were unable to help because of the small numbers of women using their post-abortion counselling service, and although they signposted me to a branch in a nearby London borough, the second branch did not respond. I made contact with a young person's charity and also Connexions, who employ teenage pregnancy advisors but who are part of the youth service so that decisions about whether or not to allow adverts to be put up in youth service premises are devolved to local management level. Neither of these approaches was productive. The local newspaper I contacted in the Shire town were, quite properly, extremely cautious about placing my advert, and refused to accept it without written confirmation from my supervisor. On reflection I decided that it would be very unlikely that a young person would read a small ad anyway, and feel with more time it would have been better to place a radio advert. I also attempted to recruit through snowballing, asking the young mothers that I interviewed if they had any friends who would be willing to be interviewed. One of the young women had a sister who had terminated a pregnancy, and although I met the sister I did not feel it

appropriate to ask her directly and she did not approach me to suggest that she was willing to be interviewed.

Eventually I did find one young woman willing to be interviewed, through my own personal network, the friend of a friend's daughter, who lived outside the area of both research sites but I felt it was justified to include within the sample someone who had made the decision not to continue her pregnancy. The whole process of attempting to recruit women who had terminated their pregnancy highlighted the taboo surrounding the open discussion of personal experiences of abortion, in contrast to the relative ease with which young mothers were prepared to come forward. Those who tended to come forward, according to Lee, either had unresolved issues about their abortion or had a particular point to make about the way that abortion services were provided (Lee, 2008).

Focus Groups

The first stage of implementing the research design was to conduct two focus group interviews, one in each site. Given the difficulty experienced in recruiting non-parents to the study, I feel that my early decision that I would have to use existing young parents groups for this purpose has been validated. One of the purposes of focus group interviews is for participants to contribute to the development of individual interview schedules (Flick, 1995). I had drawn up a simple agenda covering this and three further items for discussion (see Appendix 1). Additionally, it was also intended that a proportion of interviewees would be subsequently recruited from the two focus groups, and that data analysis would consider whether their narratives had been influenced by the focus group discussions.

The group co-ordinated by the re-integration officer was very conducive to running a focus group, particularly as the participants' children were able to be cared for in a crèche for the duration of the meeting. However

on visiting the second young parents' group, which I was warned would be rather chaotic and noisy, with young children present, the 'group' became more a case of individual discussion with two of the members. I later reflected on whether I had been clear enough with the group co-ordinator about what I wanted to do, and wondered whether meeting in a noisy coffee shop for a meeting to discuss my running a focus group had been a barrier to communication. However I did feel that it was important that I adapted to the situation as this was after all the 'real world' of research (Robson, 2002).

Interviews

The individual interview schedules were finalised after the second focus group interview, having taken account of the discussions that were held. For example, one of the more memorable comments was about asking intrusive questions i.e. about sexual behaviour, and I determined to be sensitive about this especially as I felt there was already sufficient literature available in this area. One of the elements that also needed to be incorporated into the design of the interview schedule was that it had to be suitable for both parents and non-parents alike.

My methodological considerations were followed through in selecting an interviewing method. I wanted to avoid structuring the interview as far as possible myself, to avoid the problem of merely finding out about what I wanted to know about, of pre-determining the themes. For this reason I adopted the Biographical Narrative Interview Method (Wengraf, 2001), as I felt that a lightly structured interview would be the most apt for my aims and would almost be the most conducive to inducing narratives, meaning that I had one initial question to ask ('please tell me the story of your pregnancy, starting wherever you would like to, and I'm not going to interrupt you') before proceeding to actively listen. I felt it was important to state that I was not going to interrupt for two reasons: firstly, so that the narrator had permission to speak for as long as they liked without

become anxious about taking an overlong conversational 'turn' (Riessman, 2008) and secondly so that they knew they were free to take their story in the direction they wished, without being 'de-railed' by questions. This second point is particularly important given that how subjects structure their story, what they decide to include, can be revealing (although as Day Sclater (2003) discusses, this involves a simultaneous process of exclusion of any number of other stories which could be told, which may be equally significant). Only on completion of the subject's story, signified by a 'coda' (Labov and Waletzky, 1967) would I speak, to ask questions about themes emerging from their story and aimed at inducing more narrative accounts - "you talked about xyz - tell me more about that".

Wengraf (2001) suggests that this process should be repeated for all the themes that are noted within the interview, in the order that the narrator raises them. A range of themes were included as prompts on the interview schedule which reflected both my theoretical interests and the discussions held with the focus groups. The themes that I was attuned to looking for were concerned with family, relationships, living arrangements, support, feelings, contraception, activities i.e. schooling/employment. I was not concerned to ask *how* pregnancies had arisen if this was not included within the interview narratives, rather I was concerned to avoid what Squire (2003) refers to as the mobilisation of cultural autobiographical rules – I was not looking for rehearsed 'explanations' of contraceptive failure, for example, as a device to deflect assumed blame. To complete the interview I had also prepared four further, more general questions that reflected my theoretical concerns, as suggested by Wengraf (2001). Firstly, I asked "if you could, how would you change your story?" While Bell (1999) cautions against the use of hypothetical questions I felt this was appropriate in the context of aiming to induce further narratives, and my thoughts were that this might indirectly allow the respondents to reveal what had been most problematic for them, in a non-threatening way. The second question was

to ask participants what they most looked for in a relationship, in order to obtain narratives about their experiences within relationships and also perhaps why relationships were important to them. The third question asked “if you were in charge of sex education in schools, what would you want to be taught?” to allow the participants to talk about what knowledge they felt to be important to share based on their experiences. The fourth question asked them to consider who they had received the most support from in their lives, both before and after their pregnancy. The interviews were concluded with a question that asked them to consider three statements reflecting different patterns of relating within romantic relationships and asking them to gauge how closely each statement resembled their own patterns (Hazan and Shaver, 1987). The number of questions was kept deliberately low in keeping with the lightly structured style of the interview (see Appendix 2).

I was anxious about whether this approach would work, whether it would generate narratives or the briefest of accounts particularly given the age of participants. This is a generally felt concern of those employing a narrative approach (Elliot, 2005, Squire, 2008) and requires a certain amount of ‘letting go’ of the interview process. Elliot suggests that some interviewers do fail to obtain narratives (2005:29) and makes two suggestions: the use of everyday language and careful consideration of open questions. This last point is made with reference to the writing of Hollway and Jefferson (2000) who employ techniques of free association within qualitative interviews.

Elliot (2005) also discusses how the style of the interviewer can inhibit narratives, for example by interrupting and thereby giving the impression that long replies are not wanted. The skills required to elicit narratives are everyday ones, but they do require a level of self-awareness. Shortly before commencing the individual interviews, I watched a documentary about four teenagers having their babies in a Liverpool hospital (Pramface Babies, directed by Phillipa Robinson). One of the scenes featured another expectant mother sitting on the bed of one of the

teenagers and asking her to 'tell me about your boyfriend'. Her style was so warm and friendly, her tone of voice so genuinely interested and natural that I imagined it would be impossible for her *not* to get a response, and I felt that it would be wise to try and emulate this approach. This thought was however tempered with the knowledge that I was not in the position of offering friendship and did not want to exploit my subjects by creating a false intimacy, leading them to reveal more than they would otherwise (Maynard, 1998). I aimed therefore to create a balance in my approach, and to make sure that it was clearly stated in the information sheet provided and verbally that subjects did not have to talk about anything that they did not want to. The lightly structured interview method was piloted with one person, where a twenty three minute interview yielded a transcript of approximately four thousand words. This also gave me the opportunity to test my recording equipment – a digital voice recorder that I had not used before.

Concluding Interviews

Interviews for this study have ranged from between fifteen minutes and one hour in length. The interviews were carried out in two waves, with the first wave of participants self-selecting following the focus groups in each setting, during which the aims of my research had been discussed and I had specifically asked people to consider participating. Volunteers approached me to put themselves forward after the focus groups, and arrangements of when and where to meet were mutually negotiated. For the first wave, the setting for the interviews was the venue where their groups were held. For the London borough, this meant that the children were being looked after in the crèche while the interviews took place. For the Shire town, this meant that children either came in to the interview or were cared for by the other mothers. This inevitably meant a more distracted or pressured interview for these participants because of

attending to the needs of young children, or having to rely on childcare from others in the group.

The rooms that were used in each setting were very different. In the London setting, the only private space in the open-plan youth club where the young mothers' group took place was the computer room, with office chairs, bright lighting and - obviously – a number of computers. This was far from ideal but it was at least private and quiet. I did discuss this with the participants, and one opted to have her interview outside in the grounds – it was a warm pleasant day and there was seating in a secluded spot where we were not disturbed. In the Home Counties town setting there were three different young parents groups where interviews were conducted: the central venue had a room used for counselling with comfortable chairs and low lighting, which was ideal. One of the neighbourhood venues had a small office, and the second had a windowless room that was unfortunately cold and had poor acoustics, meaning the recording was very noisy. They were not ideal settings but the decision to travel to these neighbourhood venues was to make it easier for the young women, who had no transport, to attend.

For the second wave, which took place several months later to allow for a natural 'turnover' of group members, I negotiated with volunteers a mixture of home visits and meeting where the groups were held, again following my attendance at the group meetings to explain my research. This led to more participants volunteering than I had originally set out to interview, but I did not feel that I could turn anybody down. Reflecting on why some participants from the second wave wanted me to visit them at home, I could only assume that by the time of these interviews I had made several visits to the main venues in both settings, I was familiar to the staff/group leaders and some of the young mothers who had been involved in the first wave of interviews, and perhaps was more confident in my demeanour, leading to participants feeling more comfortable with me. Undertaking interviews in participants' homes certainly added another layer of insight into their situations, for example it enabled me to

meet one young woman's partner and mother. Methodologically this does not appear to have altered the quality of the narratives I obtained, although it may have been experienced differently by the participants.

Ethics

All participants were given an information sheet to read prior to the interview (see Appendix 3) and given the opportunity to ask questions or make comments before the interview started. They were also asked to initial a consent form prior to the interview commencing, with initials being used for greater anonymity (Appendix 5). All participants were also given ten pounds payment in recognition of their contribution to the research, and to thank them for their time, except for Amy who declined payment.

The consideration of ethical issues is central to the research process; particularly where sensitive topics are addressed (Lee, 1993) or participants are vulnerable because of e.g. their age. Pregnancy is a sensitive topic in this context because it potentially embraces issues of stigmatisation, sexuality, loss and the disclosure of emotions. One of the main ethical considerations was the issue of confidentiality, given the potential for disclosures of abuse inherent in young women's stories about their sexual experiences. While I could assure participants of anonymity, in that no names, place names, or identifying features would be used within my writing, I felt that to offer complete confidentiality would be a breach of ethical responsibility as a researcher, as it could potentially leave incidents of abuse unacknowledged or unreported and interviewees at continued risk. Perpetrators may also have already victimised other young people, or go on to do so. This however had to be balanced with my desire to make the process of being interviewed as equal, and empowering, as possible. Therefore, the stance that I took was that if abuse was disclosed within interviews, firstly I would name it as such and secondly the young person would be given every help and

encouragement to take this to an appropriate authority, so that they retained some control over what then happened.

In the event there were three disclosures within the interviews: two involving participants and one involving a participant's relative. The first instance had been investigated by the police, the second instance was abuse of a participant's sibling and had come to light eighteen years previously, and in the third instance the abuse had not come to light until the perpetrator had died, although this interviewee was helped to seek appropriate support outside of the interview. There was however a statement made during an interview which raised an issue that I hadn't thought through beforehand and which prompted an ethical dilemma. One of the participants, Abby, narrated that she had recently started a new relationship and that this boyfriend considered her toddler to be a nuisance, and wished for him to be strapped in his buggy and left in the bathroom during his (the boyfriends) visits to her flat. Abby said that this wasn't right, which implied that she did not agree for this to happen. I was concerned enough to consider whether or not this needed to be taken outside of the interview, and weighed up the situation. Abby had previously said that her mother was looking after her son most days at present. She had also expressed strong positive feelings about her son, although had stated that she was feeling depressed after a recent miscarriage and the ending of a previous relationship. On balance, I decided not to take this further because Abby had been clear that her boyfriend's request was wrong and because there was someone else involved in her son's care. However it left me feeling concerned and uncomfortable and was an issue that I would think about more carefully for future research.

Using a narrative approach also presents particular ethical issues. One of the ethical dilemmas that I was presented with was how much to tell the research participants about the research that I was doing. There is a position within the narrative research community that even being invited to tell a 'story' might be a leading proposition, and that this should be

avoided. I balanced this with my concern to be as open as possible about the research process as a commitment to breaking down hierarchies (Maynard, 1998): I decided that I needed to inform participants that they would be asked to share their stories – and I felt they needed to be aware prior to interview that this was being asked of them to de-mystify the interview process and reduce any possible exploitation. Plummer (2001) raises the paradox of the how the emergence of an auto/biographical society poses the risk of a packaging of stories as a means of control and consumption. Elliot (2005) talks about how the researcher's interpretation of a story can impact on a research subject, because the production of stories is tied in to self-understanding and coherence. Both these points were brought home to me by the experience of one young woman, who I had arranged to interview and who had recently been the subject of BBC local news programme looking at life on benefits for single mothers. She had been followed round for two weeks by a film crew following every aspect of her life. The programme was aired just before I was due to meet with her. The selective editing meant she was portrayed in a stereotypical way and the live studio discussion that followed between her and two MPs was completely unbalanced. Not surprisingly, she chose not to go ahead with the interview with me.

Data Transcription

All the interviews were recorded (with participants' permission) and transcribed to provide the data for analysis. The method of transcription is an important one for narrative analysis, as the selection of material to include (paralinguistics such as pauses, uhms and ahs, sighs and laughs) and the layout of the text (organised into brief stanzas that impart a poetic quality to speech, or large chunks of written-as-spoken monologues) can significantly alter the meaning and sense-making of narratives. There is no prescribed method for doing this, and transcriptions vary according to the theoretical and epistemological position of the transcribers, but the

research literature offers a variety of exemplars about how this might be achieved (for example Plummer, 2001; Wengraf, 2001; Elliot, 2005; Riessman, 2008).

As Elliot states, 'decisions about how transcriptions should be carried out are intimately connected with the type of analysis that is intended' (2005:51). Text may be organised into lines of either speaker 'turns', fine units of meaning (lines containing the spoken equivalent of short sentences) or broad units of meaning (chunks of text grouped by the expression of meaning they contain) (Wengraf, 2001). Further consideration needs to be given to ways of capturing more paralinguistic detail within the transcript, such as volume, tone and rate of speech, and word emphasis. Wengraf suggests various ways of achieving this, such as the use of capitals to denote emphasis; Jefferson (2004) provides a detailed system for transcription which is particularly used in conversation analysis and discursive psychology, and which focuses on speech delivery; but the importance of any system is the recognition that such detail is important for the way that paralinguistics adds to our understanding and interpretation of speech, and the speaker.

There are further questions (ethical and epistemological) about the imposition of grammar and punctuation onto speech which can be ungrammatical and colloquial, in order to try and make transcripts clearer; and additionally the recording of non-verbal communication such as body language needs consideration. For the purposes of deep interpretation, such considerations are important and need to be explicitly addressed. My decision regarding transcription was to organise the transcripts simply into speaker turns, and to include in full my own speech within the interviews, as an important site for the analysis of the inter-subjective interaction and production, and to include all speech utterances (umm, ahh etc), speech repairs, as well as pauses, laughs, emphasis, sighs and so on. Further, although punctuation was imposed as far as possible to impart the meaning of the speaker, no other grammatical changes were made, in order to capture the style of speech as far as possible. All

participants' names were changed to a pseudonym beginning with a letter in alphabetical order according to the order in which they were interviewed, and any other identifying information such as place names was changed.

Data Analysis

The act of transcription is also an opportunity to begin the process of analysis. Elliot (2005) emphasises the 'diversity of analytic methods and techniques that can be applied to textual data' (p.57) and again, the 'lack of rules' about how to undertake this task is noted (Riessman, 2008). However, the unifying concept apparent in much of the qualitative research literature is that of looking for themes within narratives (Plummer, 2001; Wengraf, 2001; Rapley, 2004; Riessman, 2008) by focusing on *what* is said although the themes which are identified, and how they are interpreted, again depends on theoretical positioning:

"There is considerable variation in how investigators employ the concept of personal narrative and, relatedly, in the methodological assumptions investigators make and the strategies they choose for analysis"

(Reissman,2002: 697)

To illustrate this, I was recently part of a lunchtime discussion at a conference, talking about a presentation we had just heard. The presenter had analysed the auto/biographical writing of a woman participating in the Mass Observation Archive, which encourages ordinary people to write anonymously about different aspects of their life and makes the writing available to anyone who wishes to read them. The topic was 'My Garden' and the presenter had made the case for evidence of a 'gardening as resistance' narrative within the examined text.

Around the table there was a variety of views: one person, a family therapist, felt sure that the writer had had marital problems. I, with a

background of working with disabled people, had paid attention to the suggestion that the woman was becoming impaired through illness and therefore had to let her husband do more in the garden. A third view, from someone who had the experience of reading spurious articles about herself in the press, was that there was no evidence for either of these positions, that they were based on the subjective construction of the writer by the presenter. We were all interested in narrative, but we all came from completely different backgrounds, areas of expertise and experiences which accounted for our different perspectives.

The point to make here as this brief example demonstrates is that the analysis of qualitative data is a highly subjective process, and that what is perceived is perhaps what one is attuned to perceive. Further, reading the literature on narrative research suggests a myriad of methods of analysis depending on an 'a priori' theoretical positioning with regard to the nature of narratives.

The layers of meaning within life stories set out by Plummer (2001:39) and referred to as differing and sometimes contradictory (Andrews et al, 2008) make selecting an analytic approach a difficult prospect: it is not possible to conceive an approach which incorporates the full range of meanings and yet it felt as relevant to think about cultural and discursive approaches as it did to consider phenomenological, hermeneutic or psychodynamic meaning, for example.

Notwithstanding the universal technique of total immersion in the data, it is suggested that there is a dearth in the literature about how analyses are actually undertaken, and methods may be used differently by those employing them, as in the case of grounded theory where its creators took separate pathways (Doucet and Mauthner, 1998). Further, although the usual way of analysing qualitative material within qualitative research is to identify emerging themes, this is not the only way that narratives might be analysed (e.g. Hollway and Jefferson, 2000). Confusion, comment Mauthner and Doucet (1998), is a not uncommon response to the task of narrative analysis.

As always, in these situations, I returned to the heart of what I was aiming at for the answer to become clear. I was looking for alternatives to the 'pregnancy as ignorance and low expectations' model of understanding early childbearing. The view espoused by Emerson and Frosh (2004) that narratives are central to personal sense-making, and Bruner's argument that 'narrative accounts cannot provide causal explanations....(but) the basis for interpreting why a character acted as he or she did' (1991:7) accorded with my belief that if the meanings I sought were to be found anywhere, it would be within the narratives of young women who have been through this experience.

According to Andrews et al (2008) the most well-rehearsed theoretical difference in relation to narrative research is that between 'experience' and 'event' narratives. Consideration of the above suggested that I was concerned with 'experience' narratives which led me towards a method of analysis which privileged experience. Further, I deduced that detailed micro-analysis of small sections of speech that focus on conversation, discourse or positionality (e.g. Cooper and Burnett, 2006) might not generate the analysis that would enable me to answer my research question, and would therefore not quite focus on what I wanted to. While these detailed approaches were illuminating, they did not quite reflect the kind of knowledge I was aiming to produce. As my understanding grew I became aware that this feeling was related to a conflict for me between ideas about the social construction of identity and experience, and critical realism, in the area of teenage pregnancy.

An example of how the method of analysis fits with the knowledge produced, Labov's classic seminal study of event narratives enabled him to demonstrate the sophisticated linguistic expression inherent within Black English vernacular by looking at the responses of black urban males to the question 'Have you ever had a near-death experience?' (Labov, 1972). What Labov found with his method was that although outside conventional grammatical rules, the speech he examined nevertheless conformed to clear structures and were highly successful in achieving the goal of illustrating the examples given. What the men did was to draw the listener in and leave them in no doubt as to the point of

the story. This, felt Labov, was the true test of narrative success – to enable the listener to dramatically re-live the story with the narrator, not be left with the feeling of ‘so what?’ While Labov’s work elegantly and rigorously challenged the de-valuing of non-standard English and the assumptions about the intelligence of those using vernacular, he was not looking to interpret the narratives he obtained in any other way. So, for example, he did not examine why so many of the young men he interviewed told stories of experiencing violence. He concentrated on ‘the story told’ and not the ‘life lived’.

Alternatively, Riessman (2002) indicates that over the course of a research project looking at women’s experiences of infertility in India she theoretically shifted to begin to consider identity construction within the narratives while commenting that she could have selected a number of different analytical strategies, such as looking at the interview itself as interaction, the cultural context of the interviewees, the emotional language used, and so on. Her development of experience-centred research enables a greater consideration of the ‘life lived’, and was therefore more akin to what I was aiming for.

What I needed to be clear about in relation to my analytic strategy was my ontological positioning regarding the social world, where ‘knowledge’ resided. My focus on ‘meaning’, along with my adoption of a lightly structured interview, implied a degree of assumption on my part of the existence of a psychological ‘self’, one which might be revealed narratively. This is problematic: Hollway and Jefferson (2000) consider the concept of the anxious and defended subject within their research, for whom experience is outside of their conscious awareness and therefore not available as a transparent narrative account, although they believe that ambiguous representations within narratives *are* related to experiences and are therefore interpretable. This does however raise ethical issues. Although Hollway and Jefferson argue for a shift in ethical thinking in qualitative research - towards honesty, sympathy and respect – to accommodate a psychosocial approach in research, Day Sclater (2003) considers that in deriving psychological knowledge from personal narrative accounts, there are ethical implications for using

psychoanalytical language to understand narratives as going beyond informed consent and against the spirit of co-constructed accounts. Andrews et al (2008) also suggest that the idea of unconscious experience is at odds with ideas about the performance of identities, co-construction, and larger social/cultural narratives.

However moving from a singular, unified subject to multiple, socially constructed, disunified subjectivities seemed equally problematical. An increase in social constructionist approaches such as discourse analysis, which look at how verbal accounts perform functionally, has according to Crossley (2000), provided a challenge to established methodologies within social and personality psychologies that threatens the concept of 'a central and unitary concept of self' (p.529) and that 'tend to lose touch with the phenomenological and experiential realities of everyday, practical life' (p.527). Crossley therefore sets out to explain a 'narrative psychology' approach which values the place of discourse and linguistics in structuring the self while maintaining a belief in the existence of individual subjectivity, with identity inextricably linked to temporality. Here, Crossley draws on the work of Charles Taylor (1989) whose line of reasoning was that the 'self' is woven together with morality by virtue of what matters to us. I had initially set out to consider *explanations* of teenage pregnancy that soon altered to looking at the *meaning* for those concerned, and Crossley says that:

'When we ask ourselves the question 'What does this mean?' we are asking ourselves (or others) *how* something is related or connected to something or someone else; the connections or relationships among events that constitute their meaning.'

Crossley, 2000:532

I wanted a method that enabled me to hear subjectivity – how participants felt about what had happened to them, this definitively embodied experience that was also socially and culturally constructed; what connections there were to other areas of their life, in particular other people; I wanted to be able to contextualise their experiences.

Voice-centred Relational Analysis

Drawing together all the strands that I have explored above in relation to my search for a suitable method for data analysis eventually led to the selection of the voice-centred relational analysis of narratives, which relies on four readings of the transcripts, as developed by Brown and Gilligan (1992) and modified to include a sociological focus (Doucet and Mauthner, 1998; Mauthner and Doucet, 1998). While there are other models of analysis looking at narratives and relational selves (e.g. Mason, 2004) this seemed appropriate both to my research population - i.e. young women - and interviewing method, and offered the possibility of looking at the transcripts from both individual and socially/culturally - orientated perspectives. Additionally, the emphasis on a relational ontology was interesting to me given my initial theorising and interest about the role of relationships in early pregnancy.

Voice-centred Relational Method

Mauthner and Doucet (1998) comment on two aspects of undertaking data analysis: firstly the concern of how to put into practice the 'pivotal concern among feminist researchers' (p.120) of listening and understanding women's lives in a way that respects the way the women understand and see themselves; and secondly how reflexivity, which has usually been considered in relation to research relationships or theory and epistemology, could also be attended to within the data analysis stage.

They describe the tacit nature of identifying themes within data, a process that 'feels more intuitive than anything else' (p.121) unlike the systematic and methodical work that proceeds once themes have been identified. However, they argue that it is nevertheless difficult and uncomfortable to self-examine perspectives and biases which shape our subjectivities, particularly if those perspectives remain outside our conscious awareness. The authors recognise that their discussion of data analysis excludes two important areas for consideration. Interpretation, say

Mauthner and Doucet, is not confined to the analysis of material but 'is an ongoing process' (p.124) that begins with the initial research agenda, the way that interviews are shaped and the questions that are asked within them. Nor is interpretation confined to the 'hard' data of speech although other sources of information such as field notes, non-verbal communication and informal conversations are less well attended to.

Mauthner and Doucet go on to outline their adoption of the voice-centred relational method of data analysis developed predominantly by Brown and Gilligan. This method:

".....has its roots in clinical and literary approaches (Brown and Gilligan, 1992), interpretive and hermeneutic traditions (Brown et al, 1989, 1991; Gilligan et al, 1990), and relational theory (Belenky et al, 1986; Brown and Gilligan, 1992; Gilligan 1982, 1988; Gilligan et al, 1990; Miller, 1986)".

Mauthner and Doucet, 1998:125

Essentially this method requires four readings of each transcript and privileges the concept of 'a relational ontology' (p.125) - whereby the 'self' is seen to exist in interdependent relation to others as opposed to the rational, independent individual posited by liberalism and traditional Western thought. Mauthner and Doucet argue that a relational ontology is consistent with an interpretivist or symbolic interactionist standpoint within sociology, and as Birns (1999) suggests a relational ontology is also intrinsically linked with attachment theory.

The first reading of transcripts contains two aspects: the first relates to the overall story that is being told, including plots, sub-plots, imagery, metaphor and language. The second aspect, suggest Mauthner and Doucet, is to consider the researcher's emotional and intellectual responses to the transcript and examine reflexively how these might affect the process of interpretation. The naming of emotions and responses gives them a legitimate expression rather than allowing them

to escape onto the written page inappropriately, for example when writing about the respondent, the authors comment.

The second reading is for the voice of 'I' and observes how the respondent talks about themselves, including the points at which they refer to 'I', 'we', or 'you'. These shifts, suggest Mauthner and Doucet, can signal points at which the respondent is struggling to articulate something, perhaps to own their feelings or express agency. It is also a way to give due attention to the respondent and 'how she speaks of herself' (Brown and Gilligan, 1992 in Mauthner and Doucet, 1998:128). Furthermore, they continue, it is a practical tool for tracing expressions of the psyche, reflection and decision-making within the interview.

The third reading concerns reading for relationships – how respondents talk about the key people in their lives and their broader social networks. This 'conscious reading for relationships' (p.131) strikes as a pragmatic application of relational ontology – if people's 'selfhood' are to be considered in the light of their relationships, how they articulate and discuss those relationships is going to be of particular interest.

The final, fourth reading of transcripts is in relation to wider social, cultural and political contexts, and social structures. Accounts are placed within a wider context, say Mauthner and Doucet, for example to consider whether respondents reflect the issues affecting them as personal, private matters or located within particular social settings.

The final, fourth reading of transcripts is in relation to wider social, cultural and political contexts, and social structures. Accounts are placed within a wider context, say Mauthner and Doucet, for example to consider whether respondents reflect on the issues affecting them as personal, private matters or located within particular social settings. Mauthner and Doucet observe that this draws parallels with sociological exploration that seeks to understand 'individuals within their social context' (1998b:4), and this observation encouraged them to develop their own version of the

voice-centred method to emphasise a more sociological focus, in order to reflect their own research interests.

The voice-centred method had evolved over a period of some years from Brown and Gilligan's USA research into women's psychological development, as a result of longitudinal research in a girl's school that sought to understand the disconnection and loss of self that appeared to affect girls as they entered adolescence. Voice is the central focus of the method because of how it physically and linguistically links thoughts and feelings with relating to others, therefore joining 'psyche and culture' (Brown and Gilligan, 1992:20).

The voice-centred method encourages attunement to narratives by asking 'what societal and cultural frameworks' (p21) voices are speaking within, and Brown and Gilligan suggest that this question, along with inquiries about who is speaking and how relationships are told, reveal 'psychologically meaningful' differences (ibid) between individuals to the researcher. It is partly the responsiveness to the 'realities of race, class and sex' (p29) these questions facilitate that lead Brown and Gilligan to claim that the voice-centred method is also a feminist method. Further, they advise that asking such questions leads to the practice of 'relationship' within the research interview in preference to a more rigid, 'objective' interviewing stance, a process that brings attention to the listener as well as the speaker.

As a whole, this method facilitates an 'emphasis (on) the multi-layered nature of narratives and trace(s) voices across and within a particular transcript' (Mauthner and Doucet, 1998:134), enabling voices to be respected individually. Further, as suggested above it includes the voice of the researcher and reveals something of the relationship between the researcher and respondent. It also allows the reader to respond to the speaker in a 'responsive relationship' that is in keeping with both the ethical and theoretical underpinning of the voice-centred relational method.

Completing the Analysis

The analysis was undertaken at the end of the fieldwork by both reading through the transcripts, listening to sections of the recordings and reading through the notes I had taken at the time. This helped to remind me about the 'feel' of the interviews, particularly where several months had passed. Although I found this really helpful, I wished that I had completed the transcriptions after each interview so that the analysis had been more of an ongoing process: while I did reflect after each interview, having copies of transcripts at the time would have undoubtedly enhanced that reflection and subsequent analysis.

As suggested by the method, I undertook four readings of each transcript and made notes on each reading. As Mauthner and Doucet suggest, the elements of this method will be emphasised variably according to the '(r)esearcher's individuality, their particular topics, their samples, the theoretical and academic environments and social and cultural contexts in which they work...' (1998:126). In my case, I found myself strongly drawn to the analysis of relationships within the participant's accounts, in line with my theoretical interests. Reading for the voice of 'I' was straightforward in that it was clear when participants changed from 'I' to 'you' within their narratives, and my interpretation was that this change seemed to signify a shift from thoughts and actions they perceived to be personal and individual to those they indicated were more generally shared, and influenced by their environments,. By far the weakest part of the readings for me was the fourth one, reading for wider contexts and structures, and I think this was partly because the participants made little reference to gender, ethnicity and class in relation to their experiences (in contrast with references to their age), and partly my own struggles in indentifying those issues on their behalf and relating those issues back to the relevant literature, particularly where my racial identity differed from that of the participants.

Presenting the Analysis

Having selected a method to analyse the narratives, the next decision was how to then present the data in the spirit of the voice-centred approach, while also enhancing the reliability of the study by providing sufficient narrative material to support my interpretive claims. Through a process of reflection it became clear that what this method required of me was to understand the narratives both *individually*, in terms of what they said about the lives of individual young women, but also to understand the narratives *collectively* as a representation of all of their experiences in order to be able to think about what, if any, shared meanings emerged. It was therefore decided to include one chapter which presented a sample of four analyses to demonstrate the voice-centred method, and two chapters organised around the collective themes that emerged, with all three chapters being illustrated extensively with narrative in order to enable the voices of the young women to be heard.

Summary and Conclusion

This chapter has detailed the emergence of the research design as a reflexive and ethical process, focused on the central research question as it evolved to consider the meaning of teenage pregnancy for those who had experience of it. The design was based on the premise that such findings were most likely to emerge from an interpretation of narrative accounts, where questions about meaning were not asked directly but young women were free to construct their stories in the way that was most relevant and meaningful to them. The subjectivity of the author was made explicit in relation to design decisions and ontological positioning. The methods by which the research proceeded were made clear, including how the participants were accessed, and how the interview schedule was finalised. Issues of data transcription and analysis preceded the final consideration of how the findings would be presented.

Chapter Six

Hearing the Voices of Four Young Women

Introduction

As outlined in the previous chapter, one of the strengths of using a voice-centred method of analysis is that the emphasis is on listening carefully to the individual voices of research participants. While the usual response to interpreting qualitative material from more than one interview is to examine the themes commonly arising from those interviews, the voice-centred method attempts to keep individual narratives whole for as long as possible during interpretation to enable layers of understanding to develop (Mauthner and Doucet, 1998).

This chapter attempts to honour the voices of participants in the study by including four complete analyses which demonstrate the different readings of each narrative that has been undertaken. As all the narratives were in a sense unique, the decision as to which ones to include had to be made. Firstly, by taking narratives from two participants at each research site, the intention was to be representative of the total sample. Secondly, it was then decided to try and select narratives to represent the range of experiences revealed by the participants, rather than select them randomly. The choices therefore were as follows:

High level of adversity in narrative	Keira (Shire Town)
Low level of adversity	Isabelle (Shire Town)
High level of adversity	Yolande (London)
Low level of adversity	Elise (London)

Presenting Four Voice-centred Relational Analyses

1) Interview 5- Elise, 18, London Borough, son aged two

Elise began her story by saying that she became pregnant at fifteen:

“and, as you know, being fifteen it was all a bit, erm, you know??”,

implying that it was sensitive because of her age, and that it was still difficult to talk about. She described going to hospital because she “felt a bit strange”, and finding out that she was pregnant.

Elise decided to tell her father first, and he told her mother who “just hit the roof”. She then discussed her situation with her sister and “other people” that helped her to make the decision about having her son:

“So, erm, I decided to have my son and erm, his dad said that you know, he would stick by me and help out and whatever and erm, I decided to keep going to school as well, because when I found out I was pregnant I was in Year Ten so I had another year to do at school, like with exams and everything. So I carried on going, tried to hide it (laughs) with my big school jumper. I think I started showing at about, maybe five or six months and erm, it was a bit hard going to school and everyone asking me questions and being nosey, that kind of thing but I got used to it.”

Elise described her fear of not knowing “what you’re going to go through” in relation to pregnancy, birth and becoming a mum. She then described how her antenatal appointments helped her to come to terms with her pregnancy and later in the pregnancy how she started attending the young mum’s group:

“...and I loved it! Because, to be honest, when I was pregnant I thought I was the only person, the only pregnant teenager in Greyford, in the world for that matter”

Elise then provided a detailed narrative of going into labour culminating in the sense of triumph she felt about giving birth:

“Gosh, yeah, I gave birth, I done it!” and “....I felt such a sense of, like, you know, I dunno, like I’d really done this thing that I was so scared of”.

And then:

“I had to keep telling myself that women go through it every day all over the world, and you know, so. I done it and I had a little boy, he was 7lb 1oz and he was healthy. And erm, I think it didn’t really hit home that, you know, what I’d done until everyone had gone home and it was just me and him and I was like ‘Oh my gosh there’s a real baby in there!’ you know, just hit me what I’d just gone through and that kind of thing, and that I’m actually a mum; I’m someone’s mum, so, I was happy then. I think when I had made the decision to have him, you know, I didn’t look back, I didn’t have any regrets, you know, I just really dealt with it and thought about it and thought this is what I’m going to do.”

Elise then went on to talk about the support she got from the people around her:

“because you need the support for something as big as becoming a mum”....,

by taking her son at weekends:

“and I can just relax and chill out and just be, you know, eighteen.”

In contrast, Elise had been very disappointed with her ex-boyfriend’s involvement:

“Erm, well, cos we’re both really young I think that’s what it is, and I honestly think that he wasn’t ready to be a dad; but with me I didn’t have a choice, with me, I had to grow up and I had to deal

with it but he doesn't really accept responsibility and he doesn't help out, like, financially or even offer to take him for the weekend or even for a day. Sometimes I try and negotiate and say 'Well you know, we're both on half term (because we both study, you know...) why not come and spend an hour, or take him to the park or that kind of thing' but he really doesn't seem to be interested so I just don't bother to, to get myself all worked up and frustrated, I just, you know, there was times when I was really upset and really low and but I think I'm just way past that now. I'm just focusing on my life and getting it on track and doing the best that I can for myself and (baby) so, yeah...."

Elise added more narrative in relation to my questions about her sister's help in enabling her to make a decision about her pregnancy, and her relationship with her son's father: she described how she is getting her life "back on track" following the upset over his lack of involvement in her son's life:

Elise: "Uhm, well, I moved out, when I was sixteen, I was sixteen when I moved out; I think (baby) was about three or four months old. So from then I've been in like temporary accommodation. I didn't study after I left school I took a year out to, you know, spend time with (baby), that kind of thing. Erm, I've now got a permanent house, like a council, council house and I'm studying and that kind of thing. So, I think for me that's really getting my life back on track because being pregnant and becoming a mum really threw me off a bit, yeah...".

Elise, who is now studying Art and Design, saw the planned trajectory of her life thrown off course temporarily by motherhood, but has now reached the point where she can combine study and parenting.

This narrative focused on Elise's pregnancy and becoming a mother, and I felt that Elise was mature and able to talk about her situation in realistic and coherent terms: she acknowledged both the good parts and the more

difficult aspects of her life and relationships, she recognised that her ex-boyfriend's inability to take any responsibility affected her "but I'm way past that now":

Sue: "If you could change your story in any way would you change it?"

Elise: "No I wouldn't, I wouldn't change it. I think before maybe I would've – like you know – everyone would like to have that fairytale story where you have the child, and, you know, you and your partner are together, and that kind of thing. But you know, sometimes it doesn't always go like that and I think you can really overcome that and become a stronger person and still do what you want to do".

Elise's narrative is predominantly about the transition to motherhood – the pregnancy, labour and birth of her child. Her description of her shock at actually giving birth made me smile (our sons were born two weeks apart, so it was still vivid for me too). I interpret this as related to the absence of any more preoccupying issues, and the good level of support she appears to experience, in line with the suggestion by Squire (2008).

Elise presented a balanced and articulate narrative about her pregnancy and the circumstances of her life at that time. She acknowledged the difficulties that her pregnancy created but was able to assert her own wishes against that of her father, the person who she was closest to:

"I think when I had made the decision to have him, you know, I didn't look back, I didn't have any regrets, you know, I just really dealt with it and thought about it and thought this is what I'm going to do."

Elise had moved to her own tenancy and restarted college, and gave the impression of someone with a strong sense of self, who knows where she is going. At the same time, she has maintained a relationship with her family: indeed the distance she has created may have helped to improve

things with her mother. Now she is closer to both her parents and they support her to be both a mother and a teenager.

Elise talked of her disappointment about her relationship with her ex and his lack of involvement in their son's life, but she has put those feelings aside and concentrated on trying to ensure that he remains a father figure to their son.

Elise's narrative revealed that she had a much better relationship with her father than her mother. She chose to tell her dad first about her pregnancy and although she described how pregnancy brought her much closer to her mother, she also says that she moved out of the family home to 'live independently' when her son was four months old. Although Elise doesn't actually say what this means, her options for independence would have been very limited at the age of sixteen and while she makes no reference to it, after the interview has ended she referred to tensions at home with her mother that motivated her to move out.

There is a reference in Elise's narrative to the different reactions between her mother, who "hit the roof" on hearing of her pregnancy, and her father who was "disappointed" at the news. Elise doesn't dwell on the fact that her father then stopped speaking to her until the day before her son was born, perhaps because they are now "closer than ever" and so she has put it behind her, but that must have been upsetting for her. Elise also found herself getting much closer to her mum as a result of her pregnancy, and her mum was with her for the birth. While Elise decided to live independently when her son was only four months old, there was still a great deal of support: she described her family taking her son at weekends so she can "just be, you know, eighteen", allowing her to have a life outside of motherhood.

Despite Elise's boyfriend saying that he would stand by her, his involvement has been very limited and while Elise does her best to facilitate him spending time with their son this doesn't happen. He also fails to contribute financially to his son's care. This has clearly been

difficult for Elise but she has done her best to maintain a connection with him and encourage him to have a relationship with his son.

Clearly a bright young woman, Elise is now studying again. She doesn't fit the stereotype of someone who chose motherhood because she lacked motivation or aspiration to do anything else with her life. Elise comes from a religious family, and that is relevant to her decision to continue her pregnancy. Although she describes how her family's religion helped her to make that decision, her father's wish for her to terminate her pregnancy suggests that she could have considered this option, that he would have supported her to do this.

Elise's references to feeling like the only pregnant teenager in the world suggest that this was not a common occurrence at her school, not a 'norm'. It was not until she started attending the young mum's group that she met others in similar circumstances. Again, this goes against the stereotype of a norm of early childbearing in urban cultures, or the influence of peers on teenage pregnancy. Elise's story challenges the stereotype of teenage mothers in other ways, in that she was from a stable family background, doing well at school and with no (reported) adverse life events.

2) Interview 9 - Isabelle, 20, Shire town, Daughters aged two and one

Isabelle began her narrative by saying she was working at the time she fell pregnant with her first child, just after her seventeenth birthday. She had met her partner while walking down the road with a friend, after he invited them back to his house. Isabelle described how she went back to his house every night after work, and within two months she was pregnant:

“And then I don't think, I think erm, I wasn't very good, I didn't use anything, I didn't think I'd fall pregnant – you just don't think you're gonna”.

During her first pregnancy her partner was in prison, and when he was released around the time of her daughter's birth Isabelle discovered that her feelings towards him changed:

"Then I fell pregnant with Mary and then he (father) was really bad and was in and out of prison. And then he went to prison for the whole of my pregnancy with Mary; which is my older one. And then he got out. And then things weren't right, sort of thing, like, I'd not liked him as much as I thought. Then I thought, if I had another baby that might change – and then I had her (second child); then half way through the pregnancy I was like, 'having another baby doesn't help' and then we split up. We're just really good friends now – he comes and sees the kids when he wants."

Isabelle narrated how her partner's offending behaviour changed after he came out of prison – "he hasn't been arrested for two years now" – but despite this there was nothing there between them:

"He's got no ambition in his life. I wanna get my kids at school and *do* something. Get a decent job and, just, its hard work on your own, with two kids, and that. He's got no goals, he doesn't wanna do anything; he's signing on, on benefits, and that. I think you've got to be with someone who wants to do something not just bum around, do you know what I mean?"

Isabelle had been left on her own throughout her first pregnancy: her mum kicked her out and she had been put into bed and breakfast and then into a council flat:

"And then I went through my whole pregnancy – until like the last sort of two months – when my mum was all trying to make amends and that, but I went through all that time on my own – with nobody".

Isabelle had her mum with her for her daughter's birth but not her partner – he had gone out drinking the day before she went into labour, which had annoyed her so much that she didn't let him know when her labour started:

“He rang up my mum saying ‘Where’s Isabelle gone? Oh she’s had the baby. Oh, right’ and that was it. So, yeah he likes to drink and he’s just no good”.

Isabelle went on to talk about not wanting to have any more children, her second daughter was nine pounds so she was scared of having a bigger baby, and she considered that she didn't have good pregnancies:

“I was like an elephant and I had erm, what do you call it, high pressure and I had non-stop water infections - it was horrible. I don't like being pregnant either. I hate it”.

In response to a question about how she got on with her mum now, Isabelle said that it was alright and proceeded to detail the babysitting help she got with her daughters, from both her mum and her aunt. Asked who she was closest to before her pregnancy, Isabelle replied:

“ Erm, I didn't get on with my mum when I was younger. I was a bit of a tearaway when I was younger! I used to drink and do what I wanted; and stay out all night.... but erm..., we do get on a lot better now”.

For Isabelle, this meant that she felt closest to her friends before she had her children:

Sue: “Who did you think you were closest to?”

Isabelle: “Probably my friends. I was always out, out drinking, yeah my friends”.

Isabelle then talked about her relationship with her mum. She felt that things had changed between them because she's now grown up a bit, and because she is now there to listen and give her mum advice in

respect of her mum's current divorce. She commented that she thought her mum was a bit jealous as she (Isabelle) was always busy and her mum was bored, but it was always Isabelle that had to "do the chasing" and go round to her mum's. The nature of the change in their relationship was evident from the comment that Isabelle made later in the interview:

"It's like, my mum is quite an open person and she'll like sit there going 'Oh yeah, I had sex last night in this position.' And I'm not like that, I'm more, shy."

I then asked Isabelle to return to something she said earlier in the interview, that she didn't think she would get pregnant. Isabelle described losing her virginity at fourteen and having two relationships lasting a year each before meeting her children's father:

"And, I'd like never fallen pregnant, I like....., I suppose you think, 'Oh I've had sex that many times and I've not fallen pregnant.'"

Isabelle went on to describe how she was drinking most of the time and that "most of the time it was a drunken thing" that she would worry about the next morning rather than at the time:

"But then, in a way, because I weren't getting on with my mum I suppose at the back of my mind it was a case of 'I don't feel loved, so who cares if I do fall pregnant? Rah, rah, rah. I don't know, it's really awkward to say; I suppose, yeah, at the back of your mind you think thatsomeone will love me then. At the time, because (ex) was like a bit of a tearaway – that's their dad – I suppose in a way I thought that if I have a baby with him then maybe he might want to be with me more and he might calm down, but that didn't work."

Isabelle's narrative was very much focused on the relationships in her life. For Isabelle, lacking confidence meant she would wait for men to approach her and:

“...then just settle for the first thing that came along”.

This left her with a sense that she could do better:

“But, yeah I suppose I should be looking for a nice rich doctor with a nice car and things like that!”

Isabelle described lacking confidence for two reasons – no longer using alcohol:

“that gives you the boost to be chatty”

and the changes in her body from pregnancy:

“stretchmarks and saggy boobs”.

Work was another key theme in Isabelle’s narrative:

Isabelle: “I mean, I hate not working now, coz I’ve worked since I was like fourteen”.

Sue: “So you don’t think that having two small kids is... you don’t think about that as work?”

Isabelle: “Yeah, I do. But I wanna wait, like, Mary will be going nursery after January when she’s three. And then my mum was thinking of quitting work and looking after her and so I could even do part-time work. Because you are financially better off when you work even though you’ve got child care and everything, you still say, even if you’re only a little bit better off; it’s the peace of mind of knowing that you’re working, not, like, on benefits. She (younger daughter) don’t sleep all night still so if I did work at the moment so it would be very hard having to get up in the night with her then get up and go to work. But people cope don’t they?”

And then later:

Isabelle: "I wanna go to college, do something, have a decent job. I'm having driving lessons at the moment; my nan's buying me a car which is quite a good thing."

I felt it was brave of Isabelle to say that she hadn't felt loved and that 'at the back of her mind' was the idea that having a baby would bring her that love. I also felt that falling pregnant so quickly with someone she didn't know very well didn't really give her the best chance of having that, as she later discovered there was 'nothing there' in the relationship.

I imagined how hard it was for Isabelle to be left in a council flat without the support of her mum or her boyfriend during her pregnancy. There was a clue as to how she dealt with this when she said later:

"I'm not a feeling person, I just, I'll just keep my head down and get on with it!"

She clearly was a feeling person, from her statement about not feeling loved, and I wondered where those feelings go.

It was a tough situation for Isabelle, trying to make a better life for herself and her children and find a decent partner. I think it's unlikely that she will ever meet a 'nice rich doctor'. The reality is that she has an uphill struggle to climb to improve her circumstances.

I felt quite shocked when Isabelle talked about how open her mum was with her, it seemed quite inappropriate, and not an indication of their closeness but more about her mum's lack of boundaries.

Isabelle's identity seems very much intertwined with having a relationship. Prior to her pregnancies she needed a relationship to meet her need to feel loved, and afterwards she wanted someone who will take care of her and her children. Alongside that is her relationship with her mum, which has been a difficult one, and where the roles are to some extent reversed between them – mum now looks to confide in and get advice from her daughter.

Once in a relationship with someone who changed his ways and offered some level of commitment, Isabelle felt there was nothing there and didn't want to continue with it. It was no longer exciting, and he lacked ambition. The mismatches she makes within relationships lead her friends to comment that 'she could do better' but Isabelle's lack of confidence means that:

"I won't go out and meet someone – I'll wait until they come to me and then just settle for the first thing that comes along!"

Despite this, Isabelle has clear ambitions for the future, of going to college, getting a decent job. That was where her voice came through.

Isabelle's relationship with her mum was a telling one. She narrated how she didn't get on with her mum when she was younger, that she was a bit of a tearaway out drinking with her friends. This was seen as the reason why they didn't get along – because of Isabelle's behaviour. When Isabelle became pregnant the relationship broke down completely for a while before her mum finally came round to 'make amends'. Now the relationship has changed and Isabelle gets help with childcare, as well as giving advice to her mum. It is almost as though the roles have now been reversed and Isabelle is someone for her mum to confide in and get support from, to an unusual degree - not many people would have discussions so openly about their sex life with their children. It was noticeable that when she first talked about her mum, Isabelle quantified their relationship in terms of the amount of childcare her mum provided, with no references to the quality of their emotional relationship. When asked who she currently felt closest to, Isabelle named her friends. Although she has a lot more contact now (indeed, her mum rang during the interview), it seemed that mum was seeking to get her own needs for company met:

"I think my mum gets a bit jealous of it (her friendship with other young mums) though because every time she rings me she's like 'What are you doing, I'm bored!' But erm... no, I think she gets a

bit jealous because I'm always busy, always doing something and I don't have time to go round there much. And like, when my kids are in bed I can't go out anywhere. Seven o'clock onwards I'm in. And she's like 'Do you wanna come round?' and I'm like 'Well, I can't carry the kids round asleep.' And I think she gets a bit upset sort of thing."

Sue: "So she doesn't come round to you then?"

Isabelle: "Well, that's what I say but she'd rather me go round there because then she hasn't got to walk over to mine. She's just lazy! It's always me that has to do the chasing. But it's easier for her to come to mine. She does, now and again, come round but I'm always the one that makes the first move and goes round there".

The way that Isabelle talked about relationships with men was also revealing. She seemed to want someone who could offer not just love but a route to improving her lot, and that might seem quite instrumental, but her experiences of men until now have been much more passive:

Isabelle: "Erm, yeah, well, yeah, yeah. Because when I was young, before I fell pregnant I'd just sort of go with anyone that would have me. Every boyfriend that I've had has been bad, like gone to prison or done drugs and drink and everything."

It seemed that having children had given her the space to think more about what she wanted from a relationship:

Isabelle: "I just want someone to take care of me and like, take care of my kids really. But, erm, I don't know, I always say I want someone who's got a car and is working – which I do – but then I find the bad boys more interesting so I'm a bit of a hypocrite really! I don't know – if I was with some posh rich doctor I'd probably get bored. I think I like a bit of excitement. But then, I suppose settling down and that he'd have to be half decent to be,

for me to let 'em be near my kids. Cos the kids are the most important.”

It was apparent from this narrative that Isabelle’s priorities have changed since having her children, and that their welfare comes before her own needs.

Isabelle lived on a housing estate with a very poor reputation and a high percentage of young mothers. Her route to improving her life was limited, and meeting someone with a reasonably well-paid job would be one means of escape, but the reality is that she is likely to continue to cross paths with men who are equally disadvantaged.

Isabelle had previously used alcohol to enable her to relate to men, but since having her children she has stopped drinking and found that she now lacked confidence. Alcohol plays a large part in relations between the sexes in working class communities (Redgrave and Limmer, 2005), being used to overcome inhibitions in short term relationships.

Isabelle was torn in her desire for someone who was working, a ‘decent’ man, and a ‘bad boy’ who she would find more exciting. Aside from the psychological consideration of why this might be the case, representations of ‘bad boys’ in popular culture portray an image that make them highly attractive but also dangerous and unattainable, perpetuating their desirability.

3) Interview 11- Keira, 17, Shire town, daughter aged eight months

Keira began the story of her pregnancy with a relationship: the point at which she met her baby’s father. After a brief relationship he went into prison for eight months, and then on his release, he came looking for her, and as she described it “he found me”. Two months later he kept on at her to get a pregnancy test. Keira described how chaotic drug and alcohol

use meant that at that time she didn't know when her periods were due, so was shocked to find she was "six weeks gone".

Keira then describes being asked by her partner to make a choice between the relationship and her baby:

Keira: "I was quite shocked! And I told him – he went OK and he went to me 'You've got to choose me or the baby!' I went 'What do you think I want to be with a druggie and an alcoholic or my daughter?' He went 'OK then.' and I chose my daughter. And he wasn't happy with that and he kept begging me back and I was like 'No, because you're on drugs and I don't want drugs near my baby!' so he screamed at me and everything."

However her baby's father continued to move in and out of her life somewhat unreliably throughout her pregnancy and shortly after her daughter was born. Keira felt that her friends dropped her because she had a baby on the way:

"You just lose everyone".

Leading up to her daughter's birth Keira reported that she lived at home with her mother, then when her daughter was four months old, Keira was kicked out by her mother, moved in with and then was kicked out by her boyfriend's family, stayed briefly with her sister, and then a friend, before being placed at a B&B and then housed in a small flat. The flat was in a town several miles from her family meaning that she was isolated and knew no-one around her. This meant that she had moved five times in the space of four months, while adjusting to being a new mother.

Keira described being diagnosed at fifteen with depression that probably started when she was twelve. Keira associates this with her starting to drink, although she also described "finding" drugs and alcohol after being "kicked out" of school for swearing and violence towards teachers.

Later in the interview Keira also talked about self-harming by cutting herself before becoming pregnant.

During her pregnancy she had high blood pressure, urinary infections and her “kidneys started playing up” Her daughter has to be turned before birth because of a breach presentation, and then was delivered by emergency caesarean section after she showed signs of distress in labour. Keira’s view on her difficulties reflected canonical narratives that her body was too young for having children: there was no connection made between her health problems and previous lifestyle.

Keira described her pre-pregnancy substance abuse: needing alcohol last thing at night and first thing in the morning, stealing to feed a cocaine habit.

I introduced the sub-plot of family:

Sue: “So tell me about your family now then?”

Keira: “We don’t get on. I don’t really see them... (tape unclear) my brother; my sister’s got her own two kids; she’s a young mum as well; she’s got two kids and she’s only like twenty two – doesn’t make sense (tape unclear).”

Keira later returns to the subject of her sister:

Keira: “No, I don’t get on with her. Because people think she’s the best mum going and she ain’t. Because she’s had..., she had child at eighteen but she only turned eighteen a month before she had the baby. But she basically turned around and said I had a first child. But she was exactly the same age as me! And you slag me down!”

I wondered about the inclusion of the term slag in this metaphor: it seemed to be suggestive of both being criticised and being labelled as a slag, a slip of the tongue in place of the more usual combination of ‘slag me off’ or ‘put me down’. Keira later talked about her behaviour as an

adolescent and what she felt was the reason for her behaviour, revealing a history of family violence:

Keira: "Yeah, we was always going out at night. I didn't never listen to my mother. She never knew where I was!"

Sue: "So you'd go out what... pubbing, clubbing...?"

Keira: "Yeah."

Sue: "Yeah."

Keira: "Go out on the street – find boys; everything."

Sue: "From what age?"

Keira: "Fourteen. I was a nightmare. Because I was like that... I wish I'd learnt to behave more."

Sue: "Do you know why you were doing it at that time then?"

Keira: "Family problems."

Sue: "What... can you tell me about that?"

Keira: "Well I was living in London; basically my family lived in London. Then my dad used to beat us. Then he told me he'd had an affair; my mum kicked him out while we was at school. So then my brother got violent as well so we got put into care. Then my mum met someone else and he said to us 'We've got to move to Fritton.' I was like, 'What's the point of moving here – it's boring!' Cos where London's always busy we got bored easily."

Although she reported not getting on with her mum, Keira still felt that she needed her mum's support as a new mum herself, and talked about how she could only see her every two months because of the distance between them and the cost of bus fares.

Keira said that she became sexually active at the age of twelve and never used contraception because she "couldn't be bothered":

“It’s such a hassle – can’t be arsed – just get it over and done with, so you can get back to drinking”.

I asked her how she thought she had not become pregnant sooner, and she replied as follows:

Keira: “Don’t know..., it was just the wrong time!”(laughs)

Keira was kicked out of school at the age of fourteen for verbal and physical violence towards teachers. Keira did not mention what alternative provision was made for her education, although she did talk about wasting an opportunity at college.

Keira referred to her dependence on alcohol from a young age, and her excessive use of cocaine which she felt nearly cost her her life. She managed to give these up during her pregnancy.

Keira’s narrative in relation to motherhood is conspicuous by its brevity. Squire (2008) notes the culturally-orientated analysis of narratives of women living with HIV in South Africa revealed that those who reported the most support in their lives produced narratives that were longer and more complex. Keira’s narrative was stilted and brief. That is not however to say that it lacked meaning. Keira felt both benefits and losses about her transition to motherhood: the fact that she was now sober and knew what day it was she felt as a benefit, that having a child saved her life because she had been using so much cocaine: but she felt at the same time that she had lost everyone and was so tired all the time, not getting a break from caring, and financially struggling. This was far from a canonical narrative about motherhood.

The name that Keira has chosen for her daughter suggested a level of fatalism about her daughter’s birth, that it was ‘meant to be’. At the same time, references to her drinking and drug use indicated that prior to conceiving she had no control over what was happening to her, that she didn’t even know what day it was. She therefore positioned herself as someone who had not chosen motherhood, fate has chosen it for her, but

she had morally risen to the challenge even though it meant parenting alone.

How could I not feel sad for this young woman who has presented her story with a dull, matter-of-fact air, as though it could not have been any other way. Her statement about getting sex over and done with so she can get back to drinking was particularly powerful. Keira made scant reference to her situation:

“It’s been a hard life since she (her daughter) was born”.

It was as though she had no vantage point from which to stand back and view her situation. It concerned me how someone so apparently vulnerable should be living such an isolated life with a young baby. My own recent transition to motherhood made me acutely aware of how scary and exhausting parenthood is, even as a much older woman with a partner.

I observed that Keira’s coda at the end of her initial narrative in response to my question “tell me the story of your pregnancy” contained both Labov’s evaluation and Ricoeur’s moral point:

“That’s why if I ever saw a teenager, I’d be ‘Don’t get pregnant’ because it’s not worth it’. Cos you never get a break from them. I’ve only had one break from her”.

There were also elements of Craib’s ‘bad faith’ narratives: Keira was unable to answer my question about why she got kicked out of home and her boyfriend’s house with a small baby:

“I don’t know”.

Keira’s narrative contained inconsistencies: initially she talked about her ex-boyfriend being in prison “right now”, then later talked about him being out on licence. Keira’s dates did not always appear to add up, or they changed. It was not entirely clear from her narrative why she felt her boyfriend deliberately planned to get her pregnant only to make her

choose between him and her baby. Keira could not possibly have known that she was expecting a girl when she discovered she was pregnant, yet reported telling her boyfriend that she would not choose him over her daughter. She talked about giving up drugs and alcohol once pregnant but then talked about being “pissed out of my head” on the one night that she got a break from looking after her daughter. These inconsistencies seemed to reflect how life was lived for Keira – with a degree of confusion and chaos, things not always adding up or making sense. Therefore, they appeared to be consistent with what Keira said about her life, rather than making me doubt the veracity of what she said. Towards the end of the interview, when talking about being in foster care and being moved around, Keira made the telling statement:

“... I don’t fit anywhere, that’s what I feel; I don’t fit anywhere.”

I looked at the role that I played in producing this narrative, inter-subjectively. Several of the questions that I asked were related to temporality – checking out dates, timings, sequence of events. To read the transcript gives the impression that I was simply checking for facts, but listening to the tape reveals a more tentative, hesitant and sense-making quality to these questions – I was trying to create a sense of order to understand Keira’s narrative, to visualise how events have unfolded in relation to each other, because this seemed to be missing from her narrative. I also noticed that I seemed to change the subject apparently quite abruptly on a number of occasions. Again, listening to the tape reveals that I am often returning to themes raised earlier in the interview, often where there have been pauses, in order to expand on previous minimal narratives, but the effect is to replicate the incoherence that I feel about Keira’s narrative.

Keira was very petite and gave the impression of great vulnerability. It was hard to imagine her standing up to anyone, or saying no, yet she reported in her interview that she was expelled from school for violence to her teachers. Her comment about having sex, getting it over with so she

could get on with her drinking, led me to wonder about her boundaries of self, why she appeared to feel she had no say in the matter of having sex.

Surprisingly given the above, Keira did refer to 'I' frequently. This 'I' came across most vividly when she described her reaction to her boyfriend on being made to choose between her pregnancy and her relationship "What do you think that I want to be with a druggie and an alcoholic or my daughter?" This was in contrast with her switch to using 'you' when describing how her friends abandoned her: "You just lose everyone" – suggesting an area of difficulty that she did not experience in having to choose between her pregnancy and her partner.

Keira commented that she started to emulate her boyfriend's behaviour, and that :

"I started turning into one of him"

It seemed as though she was losing her identity in an attempt to maintain the relationship. Later, in response to the question "what do you see for you and your daughter's future?" Keira replied:

"I wanna go back to college so I can give her a better future than I had – not give her the future that I had."

She was seventeen years old and yet she talked about her future in the past tense. Keira talked of her regret at not staying at school, of wasting an opportunity at college:

"I weren't really concentrating on college or nothing."

When later asked how she would change her story if she could, Keira replied:

"stayed at school – if I was at school I would be more concentrating on my studies than on drinking."

I replied with:

“but it sounds like it was too difficult for you to learn at that time maybe?”

I later reflected that my reaction here was subjective, related to wanting to assuage Keira’s feelings. Her taking responsibility here was in contrast to her ‘not knowing’ why she got ‘kicked out’ of her mum and boyfriend’s house, why she got moved around in care.

Keira grew up in a family where her parents were never there “so we had to bring ourselves up” and her father “beated them all”. After he was kicked out of the family home her older brother became violent, taking his place. Keira herself admitted to violence towards her teachers. She also talked of being kicked out of home, being kicked out of her partner’s home, being kicked out of school. The term being ‘kicked out’ creates a powerful image, suggestive of high levels of conflict, and yet it also suggests a reluctance to leave voluntarily – of having to be forced to go. At the same time, there was the suggestion of ambivalence. Keira wanted to be out: out of school, out of home, out of her head, “out on the street”: with her friends, looking for boys. The two worlds of home/school and street could not be reconciled.

Keira had sexual relationships from a young age, yet it was not the sex she appeared to be looking for – she found it interrupted her drinking – so her motives were unclear. Her friends were clearly important to her, perhaps it was here she sought to get her attachment needs met, but she felt abandoned when her pregnancy meant that she could no longer go out drinking and her friends dropped her:

“...cos my mates ditched me when they found out I was pregnant...”

Keira met the father of her child when she was fifteen and they had a brief relationship. During this time, he introduced her to car crime, taking and driving away, which she got involved in too:

“And I done cars with him and everything – I done things like him
– I started turning into one of him”

He then served an eight month prison sentence, interrupting their relationship, but came to find her after his release. Later in the interview, Keira’s narrative turned to the statement that she always went for ‘the bad ones’:

“.....cos they’re the only ones that will have you when you’re a druggie”.

Keira related how her boyfriend planned her pregnancy by getting her so ‘stoned and pissed’ that she didn’t know what she was doing. However she portrayed him as completely unreliable as a father, he didn’t help her after the birth and now has no relationship with his daughter, while apparently planning to have a fourth child with his new girlfriend.

Keira described a poor relationship with her mum, although at the same time she seemed to need her mum’s support with a young child. Keira said that her mum was talking about moving back to London, meaning that she would be even further away. It seemed that Keira couldn’t get closer to her mother, and this was reflected in her feeling alone, that:

“....it is just me and my daughter”.

Her voicing of a lack of a trusting relationship on which she could depend seemed to reflect both the reality of her life and her feelings of insecurity.

Keira described very clearly how she felt problems at home and school led her to an alternative culture of drugs and alcohol on the street:

Sue: “You didn’t enjoy (school)?”

Keira: “I didn’t want to stay in school. Cos, most of my mates were out of school and I just wanted to join them. There is so much peer pressure these days – you just want to be with your mates”.

Keira began this statement with an agentic 'I' who didn't want to remain in school. The sequencing then revealed her understanding of why this was the case: all her friends were out of school and she wanted to be with them.

In her evaluation of this situation Keira referred to a canonical narrative - that of peer pressure affecting young people's behaviour – and the use of 'you' generalised this statement and suggested it was difficult for her to own those feelings.

Keira was a young woman who had entered into sexual relationships in a way that would have earned her a poor reputation. She had transgressed the cultural norms of what is acceptable for young, working class women. At the same time, she appeared to have experienced sex as an obligation, something to be got over with, before returning to the business of drinking. It appeared that in her relationships with men Keira lost control over whether she would have sex or not, and simply became compliant.

Keira had a history of being subjected to male violence within her home, from both her father and then her brother. When she behaved in this way, within school, she was 'kicked out'. Later, she found herself becoming like her boyfriend, getting involved in car crime. She drank heavily and got into drugs, and sexual relationships. She then felt herself manipulated into becoming pregnant. Keira appeared to be identifying with and emulating masculine behaviour, while experiencing the consequences as a female.

Nowhere in Keira's narrative did she relate her situation to her social positioning, as a survivor of domestic violence and looked after child, or as someone with limited financial and emotional resources to draw on. Her story was instead one of failing at school, not fitting in, being rejected: of being 'faulty'.

4) Interview 21 - Yolande, 20, London Borough, Daughter Aged Two

Yolande's narrative began with what she described as "the last thing I can really remember in detail", although in fact she referred to an event from her childhood, so she probably meant the first thing she could remember. The father who she hadn't seen since she was "about two" came to collect her from school, and she didn't recognise him. Her response was to scream and run "all the way home". Her father followed her home and asked her if she would like to go out, to which Yolande refused. She was sent up to her room by her mother and heard "a whole heap of shouting and screaming and I just heard a big bang". She ran downstairs to find the front room window broken and her father gone, and she didn't see him again. This left Yolande "traumatised, just so upset" and it was not until she was thirteen that she tried to make contact with him again, by sneaking his phone number out of her older sister's phone. When she phoned, her father claimed that he had wanted to see Yolande for years but had been kept away by her older sister, who was jealous and wanted her father all to herself – a claim that Yolande felt was "a whole heap of rubbish".

When Yolande becomes pregnant at seventeen, she wanted to see her father "all over again, all over again" not for herself but so her daughter could know her grandfather. She phoned him but he fobbed her off, and she hadn't spoken to him since. Yolande's narrative then moved immediately to the abuse she endured from an elderly neighbour who looked after her while her mother was at work:

"But yeah, and then when I was about, from the ages of eight to thirteen, my next door neighbour used to just touch me and molest me and stuff...."

Yolande continued to be sent to the neighbour by her mother, who thought her refusal to go was just stubbornness. When the neighbour:

“tried to go just a bit too far, and he just tried to obviously have sex with me...”,

Yolande screamed and tried to run, but was prevented from leaving the house. The neighbour then threatened to kill both Yolande and her mother if she told:

“...so I’m a twelve year old, I don’t want my mum to get killed, I don’t want me to get killed.”

Yolande kept her silence until the neighbour died:

“He died, I didn’t know whether to be happy because of what he done, or I didn’t know whether to be sad because of how long I’d known him for. I just didn’t know what to do, and I remember I went into like depression”.

Yolande’s mother eventually asked her why she was depressed, and Yolande finally told her about what happened, only for her mother to go:

“...absolutely berserk, and she just went into depression again. My mum’s been suicidal from when she was young, because of what’s happened to her in her life, a lot worse than mine. So she’s been an alcoholic since she was nine and things like that so she went through all of that. And I felt depressed because she felt suicidal again because I told her, and then we was both just out of control at one point and then we kind of drifted apart, me and my mum. And then I met my baby daughter’s dad, Delroy, and then I got pregnant with him, with his child, about three months after knowing him, and then I told mum, that disappointed her, and that got her upset again.”

Yolande then revealed how it was actually her pregnancy which brought her back to being close to her mum again:

“...since the first time mum felt my daughter kick when she was in my stomach, it’s just unbelievable, because me and my mum are

just so close now, so close....it's like, I just dunno, I feel like if I didn't have my daughter, me and my mum wouldn't be speaking now. So, I've really got my daughter to thank for that (laughs), really I have her to thank for that. Yeah, me and my mum are just so close, closer than ever really, and that's it really."

This, then, was the coda to Yolande's narrative, and so I returned to the theme of her living at home and not getting on with her mum:

Sue: "What was that like?"

Yolande: "It was terrible. I mean I've always been really close to my mum, I've always been really clingy with her. Even now, I'll be the first one to hold my hands up and say that I want to go where mummy's going. When I was like, younger, everywhere she went, I went with her, I mean everywhere. If she was going to a party and I couldn't go with her, she wouldn't go. It was just everywhere, I went shopping with her. The only place I couldn't go with her was bingo (laughs), and even now I'm old enough, I'll go with her. So yeah, we've always been close. It was horrible when we wasn't talking so when I was a teenager, I was like fifteen. It wasn't good but at that age you think that, "Mum's not talking to me so she can't tell me what time I've got to be in, she can't tell me this." So I went off the rails really, I just went out of control."

In response to a further question, Yolande revealed still not being able to talk to her mum about the time when she and her mum weren't speaking, because of fears of bringing back memories of her mother's story i.e. abuse by her stepfather:

"I want to, because I know it will just get it off both of our chests. But then I don't want to because it's just gonna upset her, so you can't win really."

When asked about her daughter's relationship with her father, Yolande described how she felt unable to trust him with her daughter because "...he's more about himself":

"I mean he will, I mean just for an example, he will take her to his friend's house where they're all smoking, so he won't think "She's a baby, so I can't take her in there". He will just think that "They're smoking, and I want to be in there with them", and he'll just bring her in, and like he won't change her nappy, and he won't feed her, and just like little things..."

Yolande then went on to talk about why she had recently ended her relationship with Delroy:

"I broke up with him about three months ago, because he's just not supporting me...he thinks we should just be together because we love each other. But I don't think...it's not about us any more, it's like who cares whether we love each other. Like, I'm not gonna be with you if you're not gonna support my child. Do you see what I'm saying? I mean he's just, yet again, just thinking about himself, "I want to be with you because we love each other". He's not thinking about, "I want to be with you so I can support Tanisa so we can be a family". He's thinking about because he loves me and I'm thinking that I'm not willing to do that. It's just about me and my daughter, now, really. I mean, I do love him – I love him to death but I'm not gonna go back with him because of that, so that he thinks he can get away with not supporting my baby."

Yolande then explained more fully the ways in which she felt Delroy did not support them as a family:

"....because like, he will tell me when he hasn't got a job when he has. Just so that he doesn't have to give me money for Tanisa. And just little things like that, and he will say that he didn't get his

Job Seekers Allowance when he did. He doesn't realise I don't want the money for me, I want it for Tanisa. Tanisa needs nappies, Tanisa needs milk."

When asked to say more about the situation with her father, Yolande then talked at some length about a very complicated family composition, with her father having a total of thirteen children with five different partners, and moving backwards and forwards between partners at the same time. Yolande did not know all her half-siblings, some of whom were in London, some in Europe and some in the south east, and although she was keen to have contact, she had no way of doing so.

Yolande then concluded her narrative, in response to a question to say more about having her daughter, by talking about her pregnancy and labour.

I was unprepared for Yolande's narrative to begin where it did, and as her story unfolded I found myself drawn into the drama of the event she described, waiting for the outcome with some trepidation. I later reflected on how Yolande herself might have felt as a young child listening from her bedroom to her parents arguing. What was very powerful was her description of a loud bang followed by silence, and the images of violence this brought to mind, which left me, as it perhaps did for Yolande, fearing for her mother's safety. I was not left, as Labov would describe it, wondering about the point of the story. As the remainder of Yolande's narrative emerged, there was a strong sense of narrative coherence, how all the events of her childhood worked together to lead to the main plot, that of Yolande's pregnancy and how that reconnected her with her mother.

On a personal level, Yolande's description of her father's complicated family life bore similarities to the discovery that I had recently made in my own family, that my grandfather had eleven children with two different partners, and had also moved back and forth for a time between the two families. Although it was not appropriate to share that with Yolande, I

could understand something of her desire to know more about those siblings who were related and yet not connected to her.

When Yolande saw her father for the first time in several years, he was a stranger and she ran screaming from him. A huge argument followed at home and she did not see her father again. The danger was not quite so obvious from the elderly man next door, who she politely called granddad. Yolande wasn't listened to when she said she didn't want to go to his house, and she was forced to suffer repeated sexual molestations. When things went 'too far' and Yolande finally found her voice, her scream was effectively silenced by the neighbour, who threatened to kill both her and her mother if she told of his attempted rape. When Yolande was finally able to tell her mother, after the neighbour's death, the response was her mother's withdrawal into depression. Yolande responded by going 'out of control', and it was only her subsequent pregnancy which restored the relationship with her mother. Throughout Yolande's childhood, it appeared that any attempts to voice herself caused danger for her mother – the violent argument with her father, the threat of death from the neighbour, her mother's suicidal depression.

Yolande's most important relationship was with her mother, and she described how she had been a clingy child who wanted to go everywhere with her mum. Yolande was aware of her mum's history of being abused by her stepfather, of how this had been 'much worse' than her own abuse and led to her mother becoming an alcoholic at the age of nine as well as suffering suicidal depression. The effect of this knowledge was to make Yolande very protective towards her mother, not wanting to upset her, which acted in the favour of the neighbour who sexually abused her, rendering Yolande silent. When the abuse came out, her mother did become suicidally depressed and spent time in hospital, thereby realising Yolande's worst fears, and she also stopped speaking to Yolande, who then reasoned that her mother could no longer tell her what to do and became 'out of control'. It was only Yolande's pregnancy which restored the equilibrium between mother and daughter.

While her mum was in hospital, it was Yolande's sister who looked after her, and who she felt closest to:

"Before I was pregnant I would say I got more support from my sister. Because she was like a mum to me. Like, obviously I have got a mum, but while mum was going through the depression and the suicide and being in hospital and all of that, it was my sister who was getting me ready for school, it was my sister who was doing my dinner for me, it was my sister who was missing work to take me places, to sit down and have conversations with me and all just, things like that I would one hundred percent say my sister before I got pregnant."

Following a disastrous reunion when she was seven, Yolande's relationship with her father was non-existent, although she periodically tried to make contact with him at important moments in her life, such as when her daughter was born. He remained a stranger to her, all she knew was that he was European, bald with blue eyes. Learning about his other children had sparked a desire to know them, but she had no information with which to trace them.

Yolande's decision to end her relationship with her partner when she "love(s) him to death" seemed incongruous, but she explained it as a principled decision. Yolande felt that she did not want to be with someone who would not support her and her daughter in the way she felt was right, and be reliable and trustworthy. She also had the very close relationship with her mum perhaps acting as a cushion for being on her own.

Yolande was a young woman of dual heritage who had grown up in a single-parent family in an urban setting, all of which have shaped her experiences. For Yolande, her community was a dangerous place, having been abused by a trusted neighbour, a man she called granddad, and this paralleled her mother's history of being abused. This made Yolande more, not less vulnerable as her mother was unable to respond effectively to her daughter's cues, and Yolande was fearful of triggering

her mum's suicidal depression. The shame and taboo that surround sexual abuse leads to victim silence, and Erdmans and Black (2008) argue for the 'reconceptualising (of) the problem of sexual abuse so that it is no longer seen as unique or rare but located within a set of sexual power dynamics more broadly characteristic of the culture' (p.87). Yolande described her mother as an alcoholic at the age of nine as a result of her experiences, but did not discuss whether she had had an ongoing issue with alcohol, which would have impacted on family life. Yolande did say that she had always been very close to her mother, except when the issue of Yolande's abuse came out. Yolande didn't really know her father, but she did know that she had several half-siblings who she has never met, which complicates her family history and leaves her with unanswered questions.

Conclusion

This chapter has presented four narrative interviews using the voice-centred relational method of analysis. Each of the narratives centres on the theme of early pregnancy and yet are constructed in very different ways, reflecting the experiences and personalities of the participants. The analyses are a synthesis of the four readings of each narrative, hopefully illustrating: how the plots were seen to unfold and the responses that the stories invoked; the individual voice of 'I' within each story; the way that relationships were talked of; and how such personal stories were considered in a wider social, political and cultural context.

What can also be seen is the language with which the young women described the realities of their lives, how their psyche is brought into the cultural domain, as suggested by Brown and Gilligan (1992). Some of these events are difficult and upsetting by any standard and yet appear to be presented as facts of life, 'just the way things are'. What their accounts also fail to reflect is any understanding that 'the way things are' is most certainly connected to their gender, class, and race: those aspects that

are part of the cultural context of their lives. To grow up as a working class girl is to experience particular environments in relation to levels of resources, access to power, exposure to risk, the actuality of family life, the possibilities of adulthood, and sexual relationships, and where these aspects intersect with being from a Black or minority ethnic community there are additional layers of experience to be considered, in terms of exposure to poverty and racism (Higginbottom et al, 2006).

Brown and Gilligan's original study was carried out with young women from a range of different ethnic backgrounds who attended a private school, some from working class backgrounds who had won scholarships. How then, might the loss of voice, idealisation of relationships and feelings of disconnection they describe finding among girls who were 'privileged' and 'flourishing' in educational and psychological terms (1992:5) be felt by those from more disadvantaged communities? The four analyses that are presented in this chapter allude to these issues, as the young women talk about relationships which have been based on fear and violence, sexual abuse and breaches of trust, meeting other's needs in place of their own, or simply being let down. Elise's voice – strong, reasoned and coherent, nevertheless talks about the idealised perspective that she had of making a family with her boyfriend, while Isabelle realises that the 'bad boy' she hoped to change could not offer her the life she aspired to. Yolande talked of her disappointment in finding her boyfriend being 'more for himself', while Keira's narrative was undoubtedly the least articulate and coherent, and yet somehow that prompted the strongest analytical response, as though in an attempt to find a voice for her.

It was suggested in the methodology section that the voice-centred method brings the researcher into a 'responsive relationship' with the participants. For me, this responsiveness was felt by bringing my 'self' into the research process, allowing myself to respond emotionally to what I was hearing, and by listening to the stories 'as stories' in order to ask further questions. This level of interest was then reflected in the

narratives that were forthcoming. As Brown and Gilligan suggest, people respond to and engage with being asked to tell stories about themselves. The voice-centred method is also a method of asking questions differently, as advocated by Hollway and Jefferson (2000), and I felt this was important in order to access voices that are not socially and culturally valued and therefore usually unheard. It is through being responsive: engaging and being in relation with others alongside oneself, that this method provides the possibility of moving away from the objectification of young parents and towards their subjectification, and personhood. For those who are marginalised from power, as with young parents, this is therefore an important process for initiating a shift in the dominant discourse and thus changing knowledge over time.

The next chapter moves from looking at the individual narratives to take a broader perspective of the issues that emerge from across the collective voices of young women who have experienced early pregnancy.

Chapter Seven

Considering the Narratives Collectively: The Young Women's Experience of Childhood and Teenage Pregnancy

Introduction

This chapter and the following chapter move from looking individually to looking collectively at the narratives, and thus the focus changes. What is apparent from reading the narratives individually is the heterogeneity of those who experience early pregnancy: there is no defining 'type' of young person who becomes pregnant. Arai puts it bluntly: "There is no such thing as a teenage mother" (2003c:176). The social construction of teenage motherhood that she is challenging is based on stereotypical images, concerning the heterosexual behaviour of young women with a particular socio-economic status, perpetuated within political debates and the media. The narrowness of this construct becomes apparent when considering the complete invisibility of some young women from the discourse on teenage pregnancy, such as bisexual or lesbian women. Although all the young women interviewed for this study were in heterosexual relationships it is important to recognise that the identity of motherhood is also one chosen by some young lesbian women. For example, one of the group leaders from the young families group, who participated in the focus group in the Home Counties town, had had her daughter at the age of sixteen and was also in a committed lesbian relationship.

Considering the narratives as a whole means that some of the heterogeneity may be obscured but what participants have in common comes to the fore, and observations can be made about the similarity of experiences evident in the narratives. For example, the narratives revealed that thirteen of the twenty one young mothers interviewed were no longer in relationships with their children's fathers, and so 'relationship breakdown' emerged as a theme from their narratives.

In deciding how to organise the material in this and the following chapter, consideration was given to present the findings in a way that made sequential sense. This has meant imposing a temporal structure where the reality was that many of the narratives moved back and forth around the emerging issues. It should be said that what is gained in clarity by this process of ordering is balanced against what might be lost in the understanding of how individuals sequenced their stories. In order to present the narratives temporally, it seemed appropriate that the starting point should be to consider those narratives related to participants' childhood and adolescence, including family narratives; then pregnancy, relationship with partner, and motherhood, before concluding with those narratives concerning future ambitions. This chapter looks at the narratives that emerged regarding relationships within families, significant events in families, and the narratives related to the participants' pregnancies. For ease of reading, all quotes, irrespective of length, are indented.

Narratives Related to the Young Women's Childhood and Adolescence

As the stories of participants' pregnancies emerged within the interviews, it became apparent that on the whole they were intimately, and inextricably, bound up with narratives about their earlier life. Yet the link between this and their reproductive behaviour was far from clear. Tania was a good example of someone for whom past and present were not obviously connected. When I arrived at her flat, I was greeted by a dervish who flew around trying to do several things at once, such as make me a cup of tea and feed her daughter lunch at the same time. Along with this frantic activity, Tania talked rapidly about herself, candidly and without reservation. I tried to move smoothly to the interview without interrupting or checking her, yet when I switched on the tape it was as if a switch had flicked off in Tania's head:

Sue “And I’ll just start by asking you if you could just tell me your story and you could start wherever you like.”

Tania: “What do you wanna know?”

Sue: “Well you started to tell me about your mum and dad, and not having a very good childhood.”

Tania: “That ain’t what made me have Millie let’s put it that way!”

Sue: “OK”

Tania: “That wasn’t what made me pregnant.”

Sue: “OK”

Despite her protestation, it was clear that Tania had made this connection at some level, albeit to reject it. However, Tania later talked about how her mother’s treatment of her made her ‘even more eager to have a girl’, suggesting that there was a link, or dynamic, between her past and present.

For the most part, narratives related to participants’ childhood and adolescence focused on their families of origin, and any particularly adverse circumstances arising from their family life and schooling. For four participants there was reference to the health issues that had affected them in some way as children. Of these, three participants mentioned medical conditions that they were born with. Abby had been born with a condition that is associated with varying degrees of learning disability and neurological problems. In her case the learning disability appeared mild but still significant, and there were unpleasant symptoms caused by the physical effects of her condition. Mia had been told by her mother at a young age that there was a small chance that she would not be able to have children, because of something to do with her ovaries. While it didn’t appear to be troublesome to her, the lazy eye (or more accurately strabismus) that Tania had been born with had led to her being bullied at school. The fourth participant to mention a health issue was

Keira, who described being diagnosed with depression during her adolescence:

“Yeah, cos I had depression for four years. They didn’t realise I had it until I was about... fifteen – I got found out – I had had it since I was about twelve. That’s the reason I was out drinking and everything – because I had problems I thought – ‘Well what’s the point!’ I was going out and having fun.”

Details about the participants’ families of origin emerged as they told their stories, and therefore tended to arise spontaneously with one exception – Keira made little mention of her family until asked about them.

Relationships with Mothers

In talking about their mothers, the participants described a variety of relationships, most usually measured in terms of emotional closeness or distance and the practical help they were given with childcare and finances. Their narratives reflected the complexity and emotion surrounding mother-daughter relationships in adolescence: whatever the history between them, however much mothers had seemed to be unable to meet their daughter’s emotional needs they were omnipresent in the young women’s accounts of their lives, including their pregnancies.

One participant described a relationship with her mother that appeared to have been warm and stable over time. Whitney’s mother knew from the outset about her pregnancy because she noticed the signs of early pregnancy and bought her a pregnancy test:

“And then one day (my boyfriend) was in court for an unpaid fine; me and my mum went with him and I was being sick and we thought it was nerves so a week later I was still being sick. So my mum went out and got me a pregnancy test and then I wee’d on it and it come up straight away – positive.”

While this was not taken as a cause for immediate celebration, Whitney talks about how she could still count on her mum's help:

"Obviously, I don't think she was very happy but she was still supportive."

Several participants described finding themselves getting closer to their mothers, either during their pregnancy or after the birth. Abby found it easy to confide in her mum regarding her pregnancy:

"..erm, it weren't hard for me to tell my mum that I was pregnant - I just blurted it out. I said to her "Mum, I'm pregnant!" and she said to me, like, "I hope you're not!" and that. But I said that I'm going to have to speak to my boyfriend about it, erm, beforehand to know what to do; whether to abort or whether to keep the baby. But I decided to carry on with the pregnancy and my mum was fine about that."

This may have been because Abby had previously had to make a far more difficult disclosure to her mother, one which had a devastating impact. When Abby revealed to the police that her stepfather had been sexually abusing her, he committed suicide. Abby's mother was unaware of what had been happening and was left with a rage that had no outlet. Abby was a witness to this rage, and it frightened her so much that for some time she could not return home:

"My mum said if she had the chance she would have beat him with a baseball bat but she didn't. Even my mum says now she feels so angry because she didn't get a chance to beat him up, but erm, they all offered to help me like the child protection and that to get me to stay with my mum and that but I didn't want to I was scared, I was scared of what my mum would have done and that, erm...."

Sue: "To you?"

Abby: "Yeah, to me".

However, in time Abby found that it was possible for her to re-connect with her mother at a deeper level:

Sue: "So what is your relationship like with your mum now then?"

Abby: "We're closer than ever. I think, I think one of the reasons why we were so close is because, when I come back home, and that, erm, my mum was scared to say to me no I can't do this, no I can't do that, and that, cos I think she was scared I was going to run away again. So if I said to my mum "Can you buy me a drink?" or whatever, even though I weren't at a legal age, she'd get it for me just because she didn't want me to run away, and that, so.... But now like I talk to my mum about everything, you know. It was so easy to say to her that I was pregnant and she weren't quick to judge me either, and that, so it makes me feel good that I'm so close to my mum now. Cos we talk about things that we wouldn't usually talk about. We talk about loads of things now – anything that comes up we just talk about it so it's good."

Becky had a living arrangement which suited both her and her mother very well, leaving each with their own space and time for Becky to get support:

Sue: "Do you still live with your mum?"

Becky: "No, I live with my mum part time because where she lives she prefers to live with her boyfriend so, which gives me my own independence so it works out ok; so she's there some of the time but most of the time it's just me and the baby and she goes off with her boyfriend. She's still a big support to me but I prefer to do it by myself because before I got pregnant I always used to hear of teenage mums always landing their baby on their nan or their mum and sort of not being there for their baby and I just wanted to do it all on my own."

Becky went on to talk about how her closeness to her partner, who she had been staying with unbeknown to her mum prior to her pregnancy, began to change:

Sue: "Right, so, and so you'd say that you were closest to him (boyfriend) before you had the baby. And did that change afterwards, after you had the baby?"

Becky: "Uhm, yeah, even whilst I was pregnant it changed to be my mum I was close to."

Sue: "Uh-huh."

Becky: "Yeah, definitely. And now I would say I'm closest to one of my friends, or my mum."

Dee talked about how moving away from home after her baby's birth had helped her relationship with her mum:

Sue: "Where did you get all your support from?"

Dee: "I don't know, I've always spoke to my mum about having babies, since I was nine years old. She's like 'No, you don't want one yet, you've got to make sure you've got money, you've got somewhere to live, that you're in a stable relationship', and like, all the positive things and that."

And later:

"Yeah, since I've had my baby me and my mum have got more closer. I think it's where I've moved out of home as well though because my when I was living there we was always, always arguing about little things, so."

Sometimes, as Fay discovered, the effect of 'absence making the heart grow fonder' could wear off:

Sue: "So, because you've moved out – do you think that's made the relationship a little bit better?"

Fay: “Not really, cos I’m always there, but at the start, because she hadn’t seen me for a while she’d try and be a bit nice!
(laughs) But, yeah....”

Elise described how tensions between her and her mother after her son was born led her to leave home, which diffused the tensions, and she now enjoys a great deal of support from all her family, who child-mind her son at weekends so that she can be ‘just eighteen’ again at times.

Grace found that while the help she received has tailed off over time, she needed – and got - the support of both her mum and sister when her baby was born, when she lacked the confidence to even put her baby’s coat on:

“Erm, yeah, my mum was erm, like, really keen to look after Tilly when she was young. Now she’s not as keen, Tilly’s a bit older and a bit more boisterous! And erm, my sister she was looking after Tilly a hell of a lot when she was first born but I do everything now.”

Hilary’s mother was going through difficult times herself when Hilary moved back home after being made unwelcome at her father’s house because of the news of her pregnancy:

“And my mum’s partner had just left her and she had a newborn baby as well, so we erm, moved into my mum’s to help her out – cos she had to look after my granddad as well.”

Not only had her mum been left with a new baby, and having to care for her terminally ill father, Hilary related how things were a bit tense because her boyfriend, who moved in with her and her mother as well, had just come off drugs and was “a bit moody”. Perhaps unsurprisingly, Hilary described the help her mum gave in practical rather than emotional terms:

“My mum has been brilliant – erm, when my granddad died she inherited a quarter share of his house and I mean money wise my mum has been absolutely brilliant! Erm... at the moment she is paying for my driving lessons, she’s bought lots of furniture in our house. Like, when I had him early and we didn’t have anything, and the maternity grant wasn’t through she went out and brought like his buggy and all sorts! But, erm, my mum has been really good like money wise but as in emotionally support there is no-one that really comes to mind straight away.”

Isabelle also talked about her mum in terms of the practical help her mum provided with childcare rather than emotional support. Her narrative revealed a history of difficulty between them that preceded her pregnancy, but culminated in her mum refusing to have anything to do with her for the first seven months of her pregnancy:

Sue: “So was anybody with you when you had (your daughter).”

Isabelle: “Yeah, I was talking to my mum by that point and she was at the birth.”

For Isabelle, the relationship with her mother began to improve when she began to meet her mum’s support needs.

There were other participants who revealed relationships with mothers that had broken down at some point, and like Isabelle their narratives often revealed the aspects of their behaviour at that time that they believed had caused problems, usually going out at night at will, and reflection on what had happened between them, whether or not they felt that they had been ‘bad’. For the most part, these accounts often concluded, like Isabelle’s, with some reference to the improvement that had taken place in the relationship over time, usually as a result of their increased maturity. Keira’s story however held out no ‘happy ending’. She provided a succinct account of being out “on the street” as an adolescent:

Keira “Yeah, we was always going out at night. I didn’t never listen to my mother. She never knew where I was!”

For her, contact with her mum was now limited to meeting every two months or so because of the geographical distance between them, and Keira seemed to feel the least supported of all the participants:

Sue “Who do you think you got your support from (during pregnancy)?”

Keira: “No one”.

Sue: “No one. And what about now? Who do you feel closest too?”

Keira: “No one.... It’s me and my daughter.”

There is a clue as to why Keira might feel this way from her description of the way she was parented:

“When I was younger my mum and my dad was at work so we hardly ever saw them. They was never there so we had to bring ourselves up.”

Lisa talked about her mother ‘kicking her out’ at age fourteen and went on to say:

“... I still talk to my mum now – we’re really close but we’re so alike we just didn’t get along that was all. I mean, she’s a good mum; a brilliant mum. I look like her; I sound like her; I’m stubborn; we’re both stubborn! We’re very hard on the outside but inside we’re very... I don’t know... we’re very sensitive and we just didn’t get along. So it was better for me to go into care than to be arguing with her all the time; and stressing her out and me out. So I went into care. I don’t blame her though, I don’t blame her for putting me into care. I wasn’t a bad child, I just don’t think we got along. She’d say the same – I mean I talk to her about it now. She don’t... we don’t hate each other – we just

didn't get along. It was better for me to be in care than for us never to talk ever again. Because now we get along so well!"

Lisa felt that there was an 'open door' at her mum's house should she ever need it:

"My mum would never see me out on the street – she's got a spare bedroom if I need it – I could go back there – it's just easier to live where I am now. I've got my independence there, so... yeah, I don't think I'd change much."

She also revealed the respect she had for her mum's opinions and how important those opinions were for Lisa's beliefs about herself. Here, she talks about a conversation she had with her mum about looking after her sister's children while she was pregnant:

"..... my mum says 'You're gonna be a really (good mum)...'
and I'm really happy that my mum says that cos it's... your mum knows you best and I just thought... am I really?"

Natalie talked about sneaking out of the house at night to go drinking, before describing herself as a 'horrible teenager'. When asked to say more about that, she replied:

"Not like, horrible, but... I just didn't care... I just did what I wanted to do. Wouldn't respect my parents – I was just a nasty person really. Cos, you know, I didn't care and stuff...."

Caitlin talked about what had led to her going into care at the age of fifteen:

"I was just in foster care. Erm, I went in emergency care first; I've always had problems with my mum, erm, I wouldn't say it was the fact of me being naughty or anything; it was the fact that she used to lean on me so I would be like a mum to my brother and she just went out doing her own thing and everything whilst I was left to...."

Here, Caitlin's narrative trailed off but the point she may have been stopping herself from making, was that she had been left to do things that her mother should have done. Although Caitlin did return home for a brief period, her pregnancy led to further problems between them:

"My mum kicked me out and then I had trouble getting money for myself cos my mum was still claiming for me and she didn't drop the claims for me so I couldn't get any money for myself whilst I was pregnant."

For Caitlin, this rejection continued until after she had her baby:

"And then all my family come to see me in the hospital but my mum didn't but I sent her a picture message saying this is your grandson, how much he weighed when he was born and everything, and erm sent that to her but had no reply or anything. And I remember my cousin was really excited, she was like 'Mum, can I have a day off school Caitlin has had her baby, let me have a day off school' so she had a day off school so she could spend the day with me and the baby where she was so excited and I stayed in (hospital) for like two days I think; just to make sure he was o.k. and still no contact from my mum; nothing."

Despite this, Caitlin was now rebuilding the relationship with her mum:

"I go down to my mum's now and see my mum and she spends time with my son; and has him a lot; she's had him once overnight since he's been born."

However she recognised that there are issues that are unresolved:

"No. I wouldn't say any of us have got a good relationship with my mum. Not like a normal relationship that you see a mother and daughter have or anything".

Yolande revealed a powerful narrative of how a previously close relationship went awry after she told her mother that she had been sexually abused by a neighbour:

For Mia, who had had little contact with her mother from the age of five, becoming pregnant was the opportunity to initiate a relationship so that her daughter could know her grandmother, although a lack of emotional engagement was suggested by her minimal and contained narrative:

“I did tell my mum; my mum was quite easy to tell I just, sort of, told her over the phone. And, erm, I never really saw her a lot. But since I’ve had little ‘un and that, I go and see her because she’s little ‘un’s nan. So me and my mum have sort of, made amends and that.”

There were two further narratives specifically about mothers as grandmothers:

Becky: “Erm, she’s a good grandma, she comes to see us once a week and she stays over and we go to the park. I get on really well with her she’s like my best friend.”

Caitlin: “ At first, she just..., if anyone said ‘Are you a nan?’ or ‘Is that your grandson?’ she’d go ‘No, no, no that’s not my grandson that’s just her son; I’m not a nanny no, she wouldn’t do that without... she’s not a nanny, no, definitely not.’ And over time, she’s, I don’t know, our relationship has built up and built up and built up and she buys him, and now she buys him toys and that, and if we go round there she’ll play with him and everything. So it’s just totally different and he calls her nanny now, so, she’s getting used to the fact that it is her grandson and she does have to have some bond with him and I think she’s enjoying it actually, so...”

Shanti was the only participant to speak in overtly negative terms about her mum, although despite her feelings she still had her mum with her

when she gave birth. Since having her baby, however, she hadn't seen her mum:

Sue: "So you don't see your mum at all?"

Shanti: "No, no I've not spoken to or seen my mum for three months."

Later, Shanti mentioned that her son was regularly looked after by his grandmother. Asked to explain, she replied:

Shanti: "Yeah, but I'm not allowed in the house."

Sue: "You're not allowed in the house?"

Shanti: "No. She's a complete cow. A cow!."

It transpired that her sister would meet her outside the house and take her son in.

For Vicky, difficulties with her mother were described as being a normal phase of development for all adolescents:

"And it's just like when my mum said to me, "Look, you're gonna wish you could go back in time"...I used to be like, "Whatever Mum...". You know, you rebel when you're thirteen because you start to go through puberty, different things are going on with you, and you don't know what's going on, so it's just like, you start to rebel against your family, and the only people you listen to are your friends, and now I think that was the biggest mistake I made, listening to some of my friends, because looking back on it now, we're all giving each other the wrong advice because all of us are rebelling against our parents."

Vicky felt that she got perhaps too much support after the birth of her son:

Vicky: "Yeah! I would say she gives me too much support sometimes. She's like...because I remember when I very first had him, like, she gave me my space to do what I needed to, but

not as much as I wanted to. She was like, “no, don’t hold him like this, hold him like that”, and “You don’t breastfeed like this, you breastfeed like that”. Because it was my mum that – to be honest with you I wasn’t going to breastfeed when my son was born, it was my mum and my partner that got me to breastfeed, because as soon as he was born, I was like “Right, can someone get me a bottle please” and my mum was like, “No, nobody make her a bottle, make her breastfeed”. And I was dead set against breastfeeding. And it was my mum and my partner that came to me and said, “look Vicky, if you don’t breast feed him, he’s gonna starve, because we’re not gonna get you a bottle”. And they basically used my emotions against me, they said to me, “Do you want your baby to starve?”, and that’s basically what made me breastfeed, but I would say, that the majority of my support comes from my mum. Mum knows best at the ending of the day. (laughs).”

For Zoe, the geographical distance that existed between her and her mother was almost a reflection of the emotional distance:

Zoe: “....my mum, she’s never worried about I went.”

Sue: “She hasn’t worried about you coming to England?”

Zoe: “Yes, I said to her, I wanna go because I found a boyfriend, blah, blah.”

Sue: “So you haven’t seen your mum since before you had your baby?”

Zoe: “I see my mum in last April?”

Sue: “Oh, you did?”

Zoe: “Yes”

Sue: “Just before you...”

Zoe: "When I'm pregnant. Yes my mum and my friend."

Sue: "Did you feel close to your mum?"

Zoe: "No. I never say nothing to my mum! (laughs)"

Sue: "Really?"

Zoe: "I never open really with my mum, never."

Sue: "Can you say why?"

Zoe: "I don't know. Because I find my friend's mother is more like, she's more.... 'Go to school, when you come to the school, come and do your work, and not you can try.' And my mum never"

Sue: "So you feel your mum was very, erm, kind but perhaps didn't guide you?"

Zoe: "Yes. Yes. Nothing."

Tania provided a lengthy narrative about the very difficult relationship she had with her mother. She began by putting these difficulties into the context of her mother's 'craziness':

"Er, yeah, I basically just had a really bad relationship with my mum and she had a lot of crazy relationships..."

She then went on to reflect on why it might have been this way:

"I don't know, I don't know what it was with my mum, I don't know whether we were just a lot alike or because she just didn't like me because she lost my brother before me, because he died to the fact that his lungs weren't developed properly and err, maybe... I don't know. I personally think that's the reason she lashed out at me all the time...I dunno it was like I was a slave, it weren't like I was her daughter unless until she needed me, and then when she needed me it was like I was one of her best

friends, not even like one of her best friends just someone to talk to. Er cos, I don't know. Um, she used to make me tidy up her house for her all the time, I used to have to do everything, and, I was made to look after my brother and my sister, take them to school, and I missed out on education because of her, because by the time I took my brother and sister to school, there weren't no time for me to go to school, or if she didn't feel well, I had to take them to school and then she would tell me to come with her to her friends, so I missed out on an education because of it, so my grades weren't all that good."

Tania then went on to talk about the person to whom she had felt closest to as a child:

" My nan protected me from the way my mum treated me. I used to run away to my nan's, she protected me, she was there. My mum said she bought me clothes, but then every time she turns around and talks about who bought me this and who bought me that it was my nan; my nan bought this, my nan bought that even though she apparently provided for me all the time, no, it was my nan. My nan provided for me, my nan kept me safe, from her, and I mean, when my nan died, I went nuts. I was going nuts, I had nobody to go to."

The opportunity for this crisis to bring Tania and her mum closer together was lost when her mum appeared more concerned about the wellbeing of her younger brother, who had speech difficulties:

"And then we went to counselling, we went to a family counselling place, and all she cared about was my brother! Nothing about me, not about the way I was, just about my brother! Cos I could talk clearly; my brother talks but you would not understand, sort of thing."

However, Tania felt that her nan continued to look after her after her death, by the things she told her:

“And so yeah, my nan died, but before my nan died, she told me rather a lot of things which I’d rather not get into, but she said to me “Look at people beyond your home.” Now my nan was full of riddles when she went into hospital but that’s the one thing that played on my mind, but when I worked it out, she was talking about people, people who knew what had happened to me when I was little, people knew things that I never knew, because I was too young. And I asked my auntie, my mum’s sister, and she told me things, like how my mum, when she was with my dad, I would be baby-sitted by my auntie, and my mum came around, and she was crying saying that they had had an argument and whatever, so we both stayed at my aunt’s for the week, for the night, and I decided to wake up and cry because I wanted a bit of attention, being a baby, that’s the one thing we need ain’t it Milly! (talking to her baby daughter) ... and err, yeah, she decided to keep on shoving a bottle in my mouth, and left bruises all the way around my mouth and around my nose, because she didn’t care, she just thought I wanted a bottle. So yeah, my aunt came down because she heard me screaming, and then my aunt took me into her bed with her.”

Tania then talked about the effect that her mother’s treatment had on her desire to have a child:

“The way my mum treated me, I think, like that made me even more eager to have a girl, so I could treat her the way I would have wanted to be treated. I’m quite proud I made up with my mum...”

Despite the history between them, Tania has become closer to her mother since leaving home and having a baby and recognised that this had taken some forgiveness on her part, which was why she felt ‘proud’

of herself. She also recognised that she had been given a model for how not to care for her daughter (SmithBattle, 2000b) and that there was something very important both about having a girl and treating her properly for Tania to be able to heal her past.

Relationships with Fathers and Stepfathers

Only two of the participants, Whitney and Elise, talked about having parents who were still together. For all the other participants, narratives emerged of a variety of family circumstances, such as bereavement, or parents not being together any more - most having formed new relationships, and in one instance having started a new family. Within those circumstances, narratives emerged of varying degrees of connectedness with fathers, from those participants who lived with their fathers rather than their mothers at the time of their pregnancy, of fathers who were no longer in the family home, of relationships with fathers and stepfathers that were healthy or abusive, distant or close. Only Fay made no mention at all of her father, and Yolande talked about why she had tried, without success, to form a relationship as a young woman with the father who had left the family home when she was two:

“And then I got pregnant, well obviously when I was seventeen I got pregnant, and then I just basically I just wanted to see him all over again, all over again.”

Yolande learned as she grew up of how her father had a particularly complicated family life, moving between five partners having children with all of them at the same time, although it did not appear that he had remained for any length of time with any of the partners in particular.

Zoe had grown up without knowing who her father was, and this had clearly been a very difficult situation for her, which she found very anxiety-provoking to talk about within the interview, needing assurances that this would not be shared with the young mothers' group. She had

finally tracked her father down when she was fifteen, but her expectations of him were not met and she had not continued the relationship.

Becky, Dee, Isabelle, Keira, Lisa, Natalie, Paula, Shanti, Tania and Amy all made references to a stepfather, or their mother's partner.

Becky's father had a new partner and son who was only two months older than her own daughter. She made the telling comment that he was making a good job of fatherhood the second time around, and commented that at present her father did support her as much as his circumstances allowed, for which she was appreciative.

Caitlin described the difficulties of having parents who had separated:

"It's hard though sometimes, where my mum and dad have split up; one lives in Shiretown, one lives in Melford, and then like I feel like I'm stuck in the middle of both of them. If I go round me mum's she's always moaning about my dad; and if I go round my dad's he's always moaning about my mum; and sometimes I feel like, once, when my mum looked after (her son) for the night, I felt out of order on my dad cos I thought I was, like, going behind my dad's back; it's just, I dunno, I just feel really guilty sometimes."

It then transpired that Caitlin's father wasn't her natural father but had brought up her up from the age of two. It was he who had visited her after she was thrown out of her mother's house and placed in bed and breakfast accommodation some distance from where she came from:

"And like nobody around – no family – no friends – I didn't know nobody there so I was like just stuck there on me own. But my dad like, I remember my dad the first night I was there, my dad come down and took me out for a meal, and then brought me loads of shopping and brought me my fags and topped up my phone for me and everything to make sure I was o.k."

Vicky's father lived abroad, although it was not clear from her narrative whether her parent's relationship continued at this distance. Natalie's father also lived abroad, and was serving a long prison sentence, so contact was presumably limited. She had been raised largely by her mother and stepfather, although family life had been chaotic and frightening due to both parents having had drug habits for several years. It was her stepfather who had cared for Natalie and her brother while their mother had served a prison sentence for drug dealing. Shanti's father lived outside of London and although she got on well with him, he had been unable to support her during her pregnancy because he was in prison at the time. Shanti described how her father had a very long history of offending and being imprisoned that he was now, at the age of forty one, trying to address.

Two of the participants were living with their father when they became pregnant, Mia with the father who had raised her and her sister from a young age on his own, and Hilary with her father and stepmother.

Dee didn't mention her father until asked, for reasons that then became apparent:

Sue: "Erm, is your dad still around or...?"

Dee: "My real dad's not, no. Well, I know him, but I don't want to know him and I've got a stepdad and he's been there since I was four and he's really nice."

Dee went on to reveal that her father had sexually abused her two older sisters:

"....what happened was, when my two older sisters were babies he sexually abused them, and that, he used to cheat on my mum and beat my mum and everything. That's why I don't really want to talk to him; plus I don't know him and I don't want to know him because of what he put my family through so...."

Paula had been physically abused from a young age by her stepfather. Amy had been 'not getting on' with her stepdad, and not seeing her real dad, at the time she became pregnant. Tania's father had been thrown out by her mother when she was very young:

“...he left my mum with a mental problem, because of the way she was, she done him in big time, and all he wanted was drink and he became a really big drinker...”

Although Tania still had contact with her father she was disgusted that he had resumed a friendship with the man who had sexually abused her one night when she was aged twelve and in her father's care at the time.

Death of a Father or Stepfather

Two of the participants, Jade and Rachel, had lost their fathers during childhood, and Abby had lost her stepfather at the age of seventeen in particularly harrowing circumstances. For Jade, the death of her father had clearly affected her deeply, as evidenced by her determination to keep her children's father in their lives whatever the personal cost:

“...because I lost my dad at ten and I know what it's like not to have a dad. And I want them to have their dad around all the time.”

Rachel was aged thirteen and on holiday abroad with her mum when they received a phone call to say that her father was critically ill in hospital, having suffered a heart attack. They had to make a dash back to the UK and his hospital bedside where he deteriorated over a period of days before dying. Rachel was so traumatised by the care that she witnessed her father receive that she developed a fear of hospitals, and refused to consider giving birth in hospital even though this was advised for her.

Abby's stepfather committed suicide following a police investigation into her disclosure of sexual abuse by him. Abby had grown up thinking that

her stepfather was her natural father, and did not discover the truth until after his death.

Relationships with Siblings

Several of the participants also included narratives about their siblings within their stories. While some talked of close bonds, others talked of difficulties in these relationships. Dee saw how being sexually abused by their natural father had led to very different outcomes for her two older sisters. One sister had engaged in a very high risk lifestyle, going home from clubs with strangers several nights a week, behaviour that had not changed despite intervention from psychiatrists and social services. She had also had a pregnancy terminated at the age of fourteen, following a rape. The other sister had settled down at a young age and was now engaged. Dee commented that after the birth of her son, the sister who had aborted her child tried to 'take over' her baby, causing tension between them.

Paula and her brother had both been physically abused by their stepfather and had both developed alcohol problems. The strong bond between them was apparent from Paula's description of her brother coming to her rescue one night after her stepfather attacked her in the street. Paula very movingly related how her brother came racing over the hill 'like superman' to protect her, and how proud she was of him, despite the fact that he was unable to stop her stepfather and was himself punched to the ground.

Conversely Keira found that when their violent father left home, her brother then stepped into the father's shoes and became violent towards her, before being taken into care. She also talked about not getting on with her sister, who also had children at a young age but who Keira felt judged her as a young mum.

Two more participants had older sisters who had also become pregnant as teenagers. Lisa had an older sister who was also a teenage mother and now had two children. Lisa was at the time of the interview helping to care for her nieces, as her sister had been admitted to a psychiatric clinic. Caitlin had an older sister who also became pregnant at sixteen and who complied with her mother's demands to have an abortion. She subsequently became pregnant again and this time, like Caitlin, left home and had her baby.

Jade had two older brothers, one who had a young son and who was supportive, and one living at home who had refused to swap his large bedroom so that she could have more room for herself and her fifteen month old twins, currently all sharing a small box room.

Sometimes siblings got involved in discussions about what to do regarding the pregnancy. Grace related how when news of her pregnancy became known within the family, her older brother came to the family home and she had a 'massive row' with him over her decision to continue her pregnancy. For Elise, who was the middle daughter of five girls, it was one of her older sisters that she turned to for help in making a decision about her pregnancy, and who talked it through with her.

Siblings could also offer accommodation – Vicky spent some time living with her brother and his partner and young child while she was pregnant, to get some experience of childcare. Paula ran away to her sister's house to get away from violence at home, and Keira stayed with her sister after her daughter was born, although she was 'kicked out' after a short period.

One participant acted as a carer to her younger siblings. Tania had been expected to look after her sister and brother by her domineering mother, comforting them during the violent outbursts between her mother and stepfather.

For Yolande, learning from her older sister that her father had a total of thirteen children created a desire to know the half siblings that she had

never met. With little information to go on it was proving impossible to track them down.

Death of a Sibling

Three of the participants had lost siblings, and while this was in each case an older sibling who they would not have known, this would have obviously impacted on their mothers and as part of the family history became absorbed into the narratives of their daughters. Grace mentioned that her mother had a boy who died of cot death before Grace was born, and was convinced that it was because he had gone too far past his due date. This then appeared to make Grace anxious about going past her baby's due date, leading her to request to be induced and enduring a long and difficult labour as a result:

“And then I got to the due date; and I was really... cos my brother died of cot death and my mum was convinced it was to do with him being so overdue. So they booked me in to be induced, a week early, Friday the thirteenth. And, erm,...it was the worst experience of my life.”

Tania's mother had a stillborn boy prior to having her, and Tania wondered if this had been why her mother treated her the way that she did. Yolande's mother, who had herself endured abuse during her childhood, then suffered the cot death of a little girl before Yolande's birth. When Yolande revealed to her mother that she had been abused by a neighbour, her mother 'closed down' and stopped communicating, as Yolande explained it because of the memories of what had happened to her and, it could be imagined, her inability to protect her own daughter from harm.

Childhood Violence

Six of the young women reported growing up with experiences of domestic violence, either directly as victims or witnessing violence towards other family members. Yolande's mother had told her that she was beaten by Yolande's father, although he had left the family home by the time Yolande was two, and she had no memory of it.

Natalie witnessed her mother trying to kill her stepfather with a knife, as well as people coming to her home threatening violence in connection with her parents' drug dealing. The impact of this was that she began to self-harm and needed counselling at school.

Dee had seen her mother being beaten by her father as a young child.

Paula had been hospitalised aged nine after her stepfather had smashed her face against the banister, bursting a blood vessel in her eye. Both she and her brother suffered years of physical abuse at her stepfather's hands, leading to her running away from home aged fifteen.

Abby was physically and sexually abused by her stepfather until she too ran away from home at the age of seventeen.

Keira talked about the whole family being beaten by her father: her mother, older sister and brother, and herself. Then her brother became violent when her father left.

Tania had grown up with a mother who had first beaten her father, who didn't retaliate, and then her stepfather, who did, leading to violent fights. Her mother had also taken her temper out on Tania, and it was hearing her being hit that prompted her boyfriend to take her to live at his house:

“And yeah, he was in my bedroom upstairs, and all the doors were shut, and she wacked me so hard between my back and my neck, that he heard it from upstairs, that's how loud it was!”

While some participants did not go into detail about the violence they had witnessed or experienced, those who did revealed the extent of how

alone and afraid it had left them feeling. Tania's narrative about one particular incident is vividly detailed, and the effect is as though it is happening as she speaks about it:

"I can visualise my mum throwing an ashtray towards my dad and hit the wall, and I knew exactly where it hit the wall and exactly what ashtray it was and who threw it, without anybody telling me which was quite funny, because my mum, see, my mum used to hit my dad. He never used to lay a hand on her, and then, well he got kicked out and then when my stepdad came along they had my little sister and err, well when they had arguments it really did get quite bad, and I remember quite a few of the arguments with them.... but one night I will never forget which was not long after my nan died, he just like, he has a drink. When he comes to mums, he has a drink, just to keep to keep himself a little bit mellow, like to mellow out and stuff, and she will get in his head, like she will really get to him and he will just want to walk out, but she won't let him out, and so he'll end up pushing her out of the way, and then she'll end up hitting him and then he'll end up hitting her and it gets really, really bad and um, I just remember one argument...I was upstairs looking after my little brother and my sister, and they were both crying and I didn't know what to do, and this must have been one of the worst ones, because before my nan died she bought me two pet mice and, err, yeah, err, they were downstairs in the kitchen, and when my mum and dad were fighting, the cage got knocked off and my mum says it was him who trod on my mice, on my mouse, one survived, one of them died, and when I came downstairs my stepfather had gone, my mum turned around and said she was sorry and passed me both of them so I had a dead mouse in my hand, and a live mouse in my other hand, and she ran off out the front door and the house is trashed, she's gone to her friend's, sent her friend's kid over to comfort me... what, what the hell is

that! I need her! She's left me with my little brother and sister, what am I supposed to do?! I've got to hide one dead mouse from my sister, right, so I've gone up and I've given my sister the one which was ok, and I said like, "Just take this one" and she's asking me where the other one is, and I've said "Look I don't know, I don't know yet, I can't find it" and they're all crying and they're just sitting there, and I've said " You know what, just stay and look after the mouse for me" and in the end like, that night, I was just tidying up, and then my mum come over with her friend and told me not to bother and that night I had bury my mouse, and it weren't nice, it really weren't nice and, I mean..."

The significance of her pet mouse being killed is more than losing a pet, it was losing a link with the beloved nan who gave them to Tania before she died and was therefore particularly traumatic for her. On top of that, Tania is left to comfort her younger brothers and sisters rather than receive any comfort herself from her mother ("I need her"). There is also an almost cartoonish quality in Tania's narrative, a 'Tom and Jerry' violence about the mouse being squashed, about the situation that she finds herself in, that is somehow very dark and disturbing.

Schooling

Unsurprisingly, given the link observed in the literature between dropping out of school and early pregnancy, several of the narratives referred to education, although the picture was more nuanced than the literature frequently suggested. Only one participant stated explicitly that she hadn't enjoyed school. Becky had left school three months before she should have done, at the age of fifteen, because she didn't like it. Otherwise participants reported a variety of situations, including heroic efforts to complete exams either just before or just after giving birth.

For Grace, her attendance at school was directly affected by the sickness she suffered all through her pregnancy. For Whitney, who became pregnant shortly before her fifteenth birthday, her three month hospitalisation during her pregnancy did not deter her from completing her exams:

Sue: "And were you able to stay in school?"

Whitney: "Yeah, I stayed in school; I done my mock exams when I was eight months pregnant and then I done my GCSEs when (daughter) was two weeks. I done all of them. Yeah."

Natalie had been due to sit several GCSEs when she became pregnant, and although she did continue at school she wasn't able to continue studying as many subjects due to tiredness related to her pregnancy, and just took four GCSEs, taking her last exam eight days before her due date.

Elise was also an able student who continued at school throughout her pregnancy and returned to studying after her son was born.

Running away from home or being put into care had obviously meant a disruption in their education for some participants, while for Tania, being expected to take her younger siblings to school had meant that she herself missed out on her education.

Keira talked about how peer pressure led to her being out of school:

"I didn't want to stay in school. Cos, most of my mates were out of school and I just wanted to join them. There is so much peer pressure these days – you just want to be with your mates."

Keira had been 'kicked out' of school for violence and swearing towards the teachers, at aged fourteen. She did not appear to have continued her education although mentioned failing at college. For Keira, being out of school had led to an alternative lifestyle:

"I got kicked out and I found alcohol and drugs."

When later asked about what if anything she would change in her story, Keira said she wished she had:

“Stayed at school – if I was at school I would be more concentrating on my studies than drinking. Cos if I wasn’t drinking I wouldn’t have found her dad and I wouldn’t have had her and that way I would still be learning.”

Lisa, Tania and Whitney all reported a history of being bullied at school. Lisa was bullied as a ‘new girl’ having moved to the area from another part of the county, and on moving school to get away from the bullies found herself being bullied again. It was only when she was ‘kicked out’ of the second school for suspected drug use and moved to a much smaller pupil referral unit that she began to enjoy her lessons again.

For Whitney, bullying also led to a move to another school. Within her new school setting, she gained acceptance by in turn accepting and emulating the sexual activity of her peers:

“Before I moved to (the new school) I was like, so innocent. And then the people I was hanging around with – they wasn’t. And that’s when I started becoming sexually active.”

For Tania, her bullying at school was put down to having a lazy eye. It appeared that bearing the brunt of other’s disdain did not end at school for her. During our interview, she revealed that she had decided not to return to the young mothers’ group. Tania had let one of the mothers at the group know that another mother had said something about her which she felt ought to have been kept private. The two mothers concerned had then formed an alliance against her, and she had apparently received threatening text messages from them both.

Self-Harm

Shanti was the only participant who reported a history of attempted suicide prior to her pregnancy. She did not narrate what had led to these attempts but later when discussing her childhood in relation to her position as the middle child in the family, Shanti talked about how her mother had let things happen to her which should not have happened. As a result of her history of suicide attempts, Shanti was admitted to hospital by her midwife during her pregnancy any time she felt 'low', to prevent any further attempts to self-harm.

Caitlin revealed that she had made suicide attempts after the birth of her son. She had been rejected by both her mother and the baby's father during her pregnancy, and endured a traumatic birth where there were concerns for the survival of her son. Caitlin described feeling depressed after the birth and tried more than once to kill herself, but two years later and following counselling she was feeling much happier.

Two further participants talked about self-harming. Natalie indicated that she had self-harmed during her school years, because of the chaotic and at times violent family life she had experienced as the daughter of two injecting drug users who had moved around the country frequently, and had been seeing the school counsellor as a result. It was the counsellor who she talked to after finding out she was pregnant.

Keira also talked about how having her daughter stopped her from self-harming:

“...before I had her I was self-harming.

Sue: “In what way?”

Keira: “Cutting my arms up.”

Being ‘Looked After’

Three of the participants - Caitlin, Keira and Lisa - described being taken into foster care during their teenage years, and Paula was

accommodated in bed and breakfast accommodation after running away from home. For Caitlin and Keira, foster care had been short lived, but for Lisa, her foster care evolved into supported lodgings when she reached sixteen, and she was still there at the time of our interview. She explained being taken into care at age fourteen:

“Well, what happened was, me and my mum had an argument one night and she goes “Right get out. Just leave!” so I packed a bag and I thought, right, better go, and I went to stay with a friend (I hadn’t known her very long – a week or so) and I said ‘Can I come and stay for a few days?’ and she was like ‘Yeah, yeah.’ and I actually stayed there for about two or three months. And it was her mum that actually rung the social worker and said, you know, ‘She needs to go into care.’ because she couldn’t afford me and that’s fair enough. But the only thing was, I still talk to the girl now actually, to this day, and her mum, and I don’t blame her mum but her mum never told me. You know, I got a phone call from social services and they said ‘You’ve got half an hour to pack your bags. We’re coming to get you!’ Didn’t know I was going. I was in Mirton with Josie (the friend) and I went to Digdale to be in foster care. And I’d only just moved to Shire town myself so I didn’t know the area and because my social worker didn’t know the area very well she was driving round everywhere! And I was thinking I was going miles and miles away; like not only twenty minutes from town. I thought I was going hours away from Shire town and I was really worried. And when they leave you with them people it is so scary – it is really horrible. But I was really lucky because I still talk to my foster carers now – they were brilliant – absolutely brilliant with me!”

Drug and Alcohol Use

Both Abby and Keira made references to their use of drugs during adolescence. For Abby, this was associated with a turbulent period during adolescence:

“I did go through, from what happened to me I did go through very bad stages from where I was getting into trouble. Constantly rebelling and all the, erm, police and the drugs and everything like that....”

Keira believed her use of cocaine before she became pregnant was so heavy that it could have killed her:

“I look at it as I didn’t know if I... wouldn’t be here – I was on so much coke – I nearly lost my life to it. It’s better that I had her in a way, because it saved my life.”

Lisa was suspected of using drugs one day at school, because she had gone in ‘happy’, and had been asked to see a drugs counsellor, which she had refused to do:

“...erm, I had a really bad school life. I was bullied and then the school kicked me out. I didn’t actually do anything wrong and they asked me to talk to these people – Zebra people; Grey Zebra – and I refused to talk to them because they thought I was doing drugs and that. And I swore to them I wasn’t (and I really wasn’t) and they said ‘Oh, please can you talk to them.’ And I said ‘No, I don’t want to... I’ve not done anything wrong. I’ll do a drug test if you want. Why talk to these people if I’ve not got a problem?’ And they kicked me out! So I’ve had a really bad life.”

For Natalie, seeing her parents use drugs had meant that she would never touch them, although she did get into drinking alcohol, sneaking out of the house in the early hours to go out with her friends.

Caitlin and Isabelle also made reference to bouts of social drinking to the point of drunkenness. For Keira and Paula, alcohol had become more of a dependency. Paula had actually developed epilepsy through her alcohol use, having a massive epileptic fit on her seventeenth birthday, and described both herself and her brother as alcoholics. Keira described how:

“.....soon as I woke up I was drinking and I couldn’t go to sleep unless I’d had a drink. It was terrible – so easy to get drink back then – when I was younger. Anyone would get it – it was easy.”

Narratives Related to the Pregnancy

Many of the participants began their narratives at the point in time at which they became pregnant, and usually included some reference to the length of time that they had been involved with their children’s fathers prior to pregnancy. This ranged from a period of hours in Caitlin’s case, having what she described as a drunken one night stand after bumping into an ex-boyfriend, up to three and a half years in Vicky’s case. Within these two extremes, most participants talked about periods of time in relationships prior to pregnancy of between two and six months. None of the participants mentioned any particular difficulties associated with becoming pregnant in the early stages of a relationship, although for Caitlin, the reaction of her ex-boyfriend to the news of her pregnancy was that he refused to acknowledge paternity. This may have been nothing to do with the circumstances, more about him being an ‘ex’, but the lack of an existing relationship appeared to allow him to deny any responsibility. While Hilary also considered herself not to be in a relationship at the time of becoming pregnant, the news of her pregnancy initiated the start of a commitment between her and her partner.

For Isabelle and Natalie, who conceived very quickly after meeting their partners, their narratives conveyed the spontaneity that had preceded this life-changing event – a chance meeting on the street:

“He tooted his horn and that’s how we met” - Natalie.

“And then me and my friend were walking up the road, and him and his friend were walking down the road and it was like ‘Do you want to come round my house?’ and it kind of went from there.” – Isabelle.

Paula began trying for a baby as soon as she met her partner, but it took a year for her to conceive. Zoe came to the UK to be in a relationship with someone she had met in her home country and was pregnant ‘within days’. Dee had known her partner ‘all her life’ but didn’t start a relationship with him until she was sixteen, and then found out she was pregnant on her seventeenth birthday, three months later.

Becoming Pregnant

Three of the young women: Paula, Rachel, Vicky, had described planning in relation to their pregnancies, while a further three: Lisa, Dee and Tania, described a position where pregnancy had been discussed within a relationship and was anticipated as being wanted at some point in the future, but not quite so soon. For Zoe, her pregnancy ‘within days’ of arriving in the UK to join her boyfriend was related with a smile and without any commentary: that was just how it was. The remaining sixteen participants described pregnancies that had arisen either through contraceptive failure; or accident e.g. forgetting to take the pill; or the non-use of contraception. These explanations, taken at face value, do not reflect the complexity of reproductive behaviour, nor the recognised tendencies to describe unavowed conceptions as ‘contraceptive failures’. Those who were non-users of contraception may have been sexually active for some time before becoming pregnant. This may be because anovulation can be a feature of the first few years of menstruation during

puberty (Hamilton-Fairley, Taylor, 2003). Keira, who had been sexually active from the age of twelve without using contraception, provided an explanation when pressed about why that might have been so in her case:

Sue: "Yeah. And why do you think you didn't get pregnant until you were sixteen; oh, sorry..., it was just after your sixteenth birthday wasn't it?"

Keira: "I don't know".

Sue: "You don't know?"

Keira: "Don't know.... it was just the wrong time (laughs)!"

Here, Keira makes reference to knowledge about when conception is most likely to occur in the reproductive cycle, indicating that she did have awareness at some level about the 'wrong time' i.e. the fertile time for having sex.

For Isabelle, she explained it more as a question of chance that she had not become pregnant sooner:

Isabelle: "Yeah, well, I lost my virginity at about fourteen. And I'd slept with, like, I was with someone for a year. I'd been with someone for about a year and I didn't fall pregnant; then I was with someone else after that for like, another year and then I met Paul when I was sixteen. And, I'd never fallen pregnant, I like..., I suppose you think, 'Oh I've had sex that many times and I've not fallen pregnant'."

Similarly for Becky, who started off using contraception but couldn't find a method that suited her,

"..we never started using anything else – we just didn't think about it."

Like many young women, Becky simply thought “.....it won’t happen to me.”

Dee had been in a relationship of four years from the age of twelve with someone without using contraception, becoming pregnant once during this period but suffering a miscarriage. When she met a new partner, aged sixteen, she fell pregnant within three months.

For Mia, who had been told that she would possibly be infertile but was still using contraception, the news of her pregnancy was particularly surprising.

Narratives about Unprotected Sex

Some of the participants were very open about having unprotected sex. Keira never used contraception because she:

“...couldn’t be bothered”. “It’s such a hassle – can’t be arsed – just get it over and done with, so you can get back to drinking”.

For Keira, sex seemed to represent almost a duty or obligation that interfered with drinking time. Despite this, she felt manipulated into becoming pregnant by her boyfriend, who got her

“so stoned and pissed”

that she didn’t know what she was doing. Her later response to a question about why she had not become pregnant sooner – “wrong time” – suggested that she did have some control over what she was doing by avoiding having sex during her fertile times.

In relation to unprotected sex, Isabelle commented that:

“most of the time it was a drunken thing”

that she would worry about the next morning rather than at the time. Her narrative was one of two that contained some degree of evaluation about

why protection wasn't used, that it was connected to feelings of being unloved.

Dee had been in a relationship from the age of twelve with a young man who was seven years older than her. She described a relationship that had not been particularly pleasant, with controlling behaviour and violence on his part. Dee described how she had a latex allergy which meant that she could not use ordinary condoms, and was unaware of the latex free condoms that are available. She had tried to avoid pregnancy by asking her boyfriend not to ejaculate inside her, but he had ignored her and done so anyway. She did conceive at one point within this relationship but suffered a miscarriage.

Becky's was the second narrative that contained an evaluation about why contraceptives might not be used. She referred to a discussion that she had had with a close friend about why she too had become pregnant. Like Becky, her friend had also never used contraception and told her that it was:

“....just because the boy would say it feels better without and if you love him that much it doesn't really matter if you get pregnant”

Deciding about the Pregnancy

Within their relationships, decisions about whether or not to continue 'unplanned' pregnancies appear to have been largely taken by, or left to the young women. Only one of the participants talked about being pressured into having an abortion by a partner – Keira described being asked to choose between her partner and her daughter. Abby narrated that her pregnancy had resulted from rape, although on discovering she was pregnant she had assumed that the father was her boyfriend, and continued the pregnancy on this assumption, after discussing the options with him. Paternity was later established after the baby's birth when DNA

test revealed that he was not her boyfriend's biological child. Although this created difficulties between them as a couple, and with the boyfriend's family, at the time of interview the relationship was ongoing and her boyfriend had continued to be a father to the child.

Becky described how she didn't know whether or not she wanted to have a baby, and relied on her boyfriend to make the decision:

"I told him and he said that he definitely wanted me to keep the baby so I just sort of went along with what he wanted"

Despite this she did at some point arrange an abortion but failed to attend the clinic, having changed her mind.

Several of the young women were put under pressure to have abortions from their families. Grace was put under pressure by both her, and her boyfriend's families to consider an abortion because of her and her partner's ages (fifteen and fourteen respectively), and she also went so far as to book an appointment with an abortion clinic, before changing her mind.

Yolande's mum thought it might be better for her to have an abortion because she was at college, and Jade had been encouraged to think about having an abortion by her mum, who herself had been a teenage mum and "knew how hard it was". Natalie was pushed to have an abortion by her mum, but refused to do so. While Whitney's parents were supportive, her extended family, i.e. aunts and uncles, felt that she should have an abortion, that she should have had something "put in her tea" and stopped speaking to Whitney's family until her daughter was over one year old. While Hilary did not overtly mention being pressured to have an abortion, she related how her father and stepmother had "hit the roof" at news of her pregnancy but Hilary had been

"adamant that I was keeping her (daughter)"

with the result that she left home to go back and live with her mother.

Caitlin was ordered to get out of the family home after telling her mother she was pregnant. She was then housed by the council as homeless. Caitlin's older sister had apparently been given an ultimatum when she too had become pregnant at sixteen, and had complied with her mother's demands to have an abortion. While Isabelle did not refer to any arguments about continuing her pregnancy with her mother, she was at that point kicked out of home.

Amy described making the decision by herself 'within hours' that she was not going to continue her pregnancy - that she was

"not going to become another young mum pushing a pram round the town centre".

Telling her mum of her decision and getting her support at this time helped Amy to feel closer to her mum after a period of being distant from her.

Elise reported that her mother had "hit the roof" on learning about her pregnancy, and her father had initially wanted her to have an abortion, although Elise considered the options for herself and talked them through with her sister and friends before deciding to continue her pregnancy. She described feeling that it would be a lifelong decision whichever way she decided, and that her family's religious beliefs were instrumental in helping her eventually decide to continue her pregnancy.

Housing Issues During Pregnancy

What emerged as an issue for several of the narratives was the impact of housing on well-being, particularly for the most vulnerable young women i.e. those who were living at home where families (usually mothers) did not accept the pregnancy, or those who were already living away from the family home at a young age. In line with other research in this area (Guillari and Shaw, 2005), the narratives revealed young women being

'kicked out' of home because of the pregnancy, unsuitable placements that were geographically distant from possible support networks, and frequent moves.

Lisa and Shanti were the only participants not living in the family home when they became pregnant. Lisa had been placed in supported lodgings after going into foster care at the age of fourteen while Shanti described herself as homeless prior to her pregnancy:

"I was staying in hostels, friends' houses..."

and then during her pregnancy was given housing association accommodation in a borough some distance from where she had been living and studying:

" I feel like I'm in a foreign country. I want to be back (tape unclear) because I was brought up in (London borough), that's where all my friends are."

Paula had been in bed and breakfast accommodation but had returned home eight months later, after her violent stepfather ran away with a fifteen year old girl. Caitlin had been in foster care and actually conceived on the night that she returned to the family home:

"Urm, it all started, I come out of foster care on the fourteenth of October and like I went, I went back home from foster care and then nobody was there. Like my mum had gone away for the weekend so, and my brother weren't there, and my sister weren't there and it was just me on my own. So like after coming out of foster care and then nobody being there I thought 'Ah, this is bit rubbish!'"

Caitlin then rang up some friends, went out and got drunk and had sex with an ex-boyfriend. She described the moment she told her mother of her pregnancy:

“....she said ‘Have you got anything to tell me?’ and I said ‘Yeah, I’m pregnant’ and she just started calling me ‘A slut, a slag, a whore, a tart, you’ll never be a good mother – you can get out of here now – all you can take with you is your clothes; I don’t want nothing to do with you or the baby.’ Erm and she said I got until Friday to get out and find myself somewhere to live so she kicked me out. So she weren’t supportive of it at all.”

The initial statutory response to her becoming homeless at the age of sixteen due to her pregnancy was to place Caitlin in bed and breakfast accommodation several miles from anybody that she knew:

“And then erm, I went to the council on the Friday when she kicked me out and got put in a B&B over in Mashton and stayed there for about two months, over the Christmas period, so it was really horrible all alone, on me own, pregnant. And like nobody around – no family – no friends – I didn’t know nobody there so I was like just stuck there on me own.”

Keira was living at home before her baby was due, only to be ‘kicked out’ of her mother’s house, her boyfriend’s family home and her sister’s home in succession after her baby arrived. She was then placed in bed and breakfast accommodation before being housed in a flat which was also several miles from her family home, meaning support from her mother was limited. Isabelle was also ‘kicked out’ of home but was housed straight away in a council flat in her home town. However, she still described the loneliness of this as her mother stayed away and her boyfriend was in prison:

“And then I went through my whole pregnancy – until like the last sort of two months – when my mum was all trying to amends and that, but I went through all that time on my own – with nobody.”

Both Elise and Fay left the family home after their babies were born. Elise referred to a level of tension between her and her mother which prompted

her to leave when her baby was four months old. For Fay, leaving home meant being placed in a mother and baby unit, which she described as 'not nice', while she waited to be housed.

Fay: "Erm, well when I found out I was at my mum's house; and then during the pregnancy I moved out and went into a place called 'Peartree Road'; it's like a kind of a hostel place; there are some pregnant people there. I was there for about two / three weeks and then they moved me out to 'Blossom Court' in Flitchworth. I was there for about three months; then I had the baby; then they moved me back into the borough, to 'Magnolia Place'; it's like a mother and baby unit so that's where I am now. I have to wait to get my flat. Places are not really that nice; I wouldn't choose.... I try to stay in it but it's really just to go there and sleep for me cos it's not nice, is it."

Sue: "So what made you move out of home then?"

Fay: Erm, I think after that, it just got awkward; cos I've got two older brothers as well; I'm the youngest. So it just got awkward. And there would have been not really no room anyway. So, I moved out, I moved out to get my own place... which I still haven't got yet (laughs)."

While Elise did not mention where she was initially placed, she described herself as now having her own council house and able to enjoy a good level of support from her family.

Tania had just been offered a more spacious flat in another London borough on the day I visited, and was thrilled to be moving from the one-bedroom flat that she shared with her partner and eight month old daughter. Rachel and her ten week old daughter were also expecting to be housed with her fiancée in a housing association flat, within a few weeks.

Vicky described moving several times over the course of her pregnancy, between staying with her mum, family members and her boyfriend, while trying to obtain suitable housing from the council. Her determination not to have to bring her child up in an unsuitable area led to her eventually being offered a two-bedroom private rental property that was negotiated through the council.

For those who remained harmoniously in the family home after their babies were born, the wait for housing of their own could be lengthy. Jade described being stuck in a box bedroom sharing with twins aged fifteen months because she didn't have enough points for housing. Natalie's parents had retreated to living in the bedroom to get away from her lively toddler son, in order to get some peace and quiet. For those who did get council accommodation, being stuck in a small one-bedroom flat with a young child could also become difficult, as Caitlin and Keira found. While it is not possible to generalise from such a small sample, it appears that those who were the youngest and also those who were single seemed to have the biggest struggle in terms of obtaining suitable housing, and that housing seemed scarcer in the Shire town. It should also be made clear that while tensions and difficulties may have existed between young mothers and their own mothers, particularly while they were under the same roof, any problems were for the most part extraneous to the young mothers needing, and wanting, the support of their mothers as they made the transition to motherhood. A certain amount of geographical distance could help relationships improve, but the distances that some young women found themselves from their families were problematical. It appears that housing can powerfully interrelate with the levels of support available to young mothers. This was particularly so in Keira's case, where she was living in an area where she knew no-one and the distance between her and her mother's home meant they couldn't meet more than every two months or so.

Health During Pregnancy

While most of the participants had no problems during pregnancy, a significant number of them reported some kind of health issue. For some there had been unpleasant symptoms, usually nausea. This was far from trivial. Whitney had to spend three months in hospital as a result:

“So..., but my pregnancy was so bad; I was in hospital for three months on a drip because I couldn’t stop being sick; I bled twice. It was like the worst pregnancy ever but my labour was fine. I enjoyed it!”

Grace also found that her nausea wasn’t confined to the early stages of pregnancy:

“And then, after that, the week after I found out, erm, I had morning sickness that lasted through the whole pregnancy.”

Grace tried to continue her schooling but:

“...didn’t go most of the time because my morning sickness was so bad I couldn’t get out of bed; and erm, they were fine with that, erm, I had to go in (hospital) at eighteen weeks because I had thrown up seventeen times in one day – couldn’t keep anything down. And erm, because I was only fifteen and under twenty four weeks, first of all they gave me an injection in my leg and they didn’t let it rest and my leg (tape unclear).... they then said that they were gonna keep me in and there were no beds in Shiretown hospital so sent me over to Hartwell and they put me on a children’s ward and that was really horrible.”

Rachel found that her sickness did not lead to hospitalisation but was debilitating nevertheless:

“....it was a tough pregnancy; well, not really that tough but you know.... you have your cravings, you have your sickness; but it wasn’t morning sickness it was sickness all the way through –

whatever I would eat came back up which was annoying because I couldn't eat anything that I wanted to eat and everything."

Abby ended up spending the whole of her pregnancy in hospital:

"...when I was seven, seven weeks pregnant, erm, from then I basically spent the whole of my pregnancy in the hospital; because I had unexplained pains that they couldn't / didn't know what was the cause of it, constantly being sick, and everything."

Dee also found that her pregnancy was marred by health issues:

"My pregnancy was quite nasty, well I wouldn't say nasty but I was always having pains, always going to hospital. I was always anaemic, I had to have two iron transfusions, erm, yeah and I had a scare when I was seven months pregnant, erm, cos I thought that the baby had stopped moving, and I went to the hospital, but he started kicking when I got to the hospital."

For Becky, a potentially serious complication arose:

"Yeah..., I had gestational diabetes while I was pregnant which makes it difficult because I couldn't eat any sugar and I had to be careful about what I ate so that was extra stress. And I stayed in quite a bit so I ended up putting on like five stone while I was pregnant."

Keira also found that she was in and out of hospital with complications and felt this was due to her body not being ready to have children. Keira wasn't alone in her opinion that her young body was the cause of her problems. For Grace, on top of the nausea there were further problems:

"Then so after that I developed SPD which, can't remember what this stands for but it's something to do with your pelvis. So I had to have physio for that, they had to give me a support band

that was really itchy and I had to wear it over my clothes because it was too itchy underneath.”

She went on to explain that:

“Because I was so young, my body hadn’t developed properly and erm, they were giving me scans every four weeks to check that baby was ok.”

Conclusion

This chapter has focused on those narratives related to the participants’ family circumstances during childhood and adolescence, and those related to pregnancy. For some, this has meant revealing painful and difficult aspects of their pasts although no one has directly linked this to their pregnancy. The closest that anybody came was Isabelle, who said that the thought at the back of her mind that no one loved her meant that at some level she didn’t care if she became pregnant. However, Tania expressed quite the opposite view right at the start of her interview.

All the participants except Elise reported some difficulty in their lives, most predominantly loss of a parent through the break-up of their family of origin or death. Their stories revealed the adaptive (and sometimes self-destructive) responses adopted by the participants to their experiences. Even for Whitney, who seemed to have a stable upbringing, bullying at her previous school had led her to seeing a way to ‘fit in’ by becoming sexually active alongside her new classmates.

To look at the narratives collectively is to see something of the patterns of the lives of participants, of how they organise themselves and move in and out of closeness to those around them to find the best ‘fit’, the best way of obtaining or continuing to receive support of any kind, however minimal. Even Shanti, who referred to her mother as a cow for not letting her into the house, was still able to take her baby son to be looked after

by his grandmother. To be rejected and left alone – by their partners, or their mothers, and in some cases by both during their pregnancy, was understandably very distressing for those affected.

The next chapter continues by looking at how the participants narrated their relationships and the transition to motherhood, along with their thoughts for the future.

Chapter Eight

Considering the Narratives Collectively: The Young Women's Relationships and Transition to Parenthood

Introduction

This is the second chapter focusing on the two remaining themes arising from the collective narratives of pregnancy – participants' relationships and becoming a parent. Themes related to partners include relationships with older partners, partners who had a tendency to be controlling, partners who already had children, and the extent of their contact with those children. There were also references to relationship violence, and partners involved in the criminal justice system, relationships which worked or failed to work, and partners as fathers. Themes related to becoming a parent include birth narratives, the transition to motherhood, the difficulties associated with being a 'young' mother, including stigma, and making a better life for their children.

Narratives Related to Relationships with Partners

While partners generally seem to be absent from research on teenage pregnancy (Gelder, 2002), when they are considered it is usually in relation to the role they could play in pregnancy prevention. Here, the narratives are considered more for what they say about the *kinds* of relationships that the participants were, or had been, involved in. This is important for several reasons: firstly, it provides important contextual detail about the range of relationships that participants described, how they talked of their relationships, what kinds of young men they became involved with and how they became involved, the difficulties (or otherwise) they faced in trying to parent with these young men, why relationships continued or broke down, and how young men fulfilled their role as fathers.

Much Older Partners

While the above paragraph refers to participants' partners as 'young men', it is noted in the research that there can also be a significant age difference between young women and their partners. This can be associated with a degree of coercion and exploitation regarding the nature of the relationship, particularly in relation to sexual activity (Barter, McCarry, Berridge, and Evans et al, 2009). Three of the participants: Dee, Natalie and Hilary, revealed significant age differences (usually thought of as a gap of five or more years for adolescent women) with their current or ex-boyfriend, and Rachel talked in general terms about her previous relationships with older men. While none of the participants referred to any kind of coercion into sexual activity, for Rachel, Natalie and Dee the relationships with older partners had not been good. Rachel explained why she was drawn to older men, before revealing a difficult situation she found herself in as a result:

Rachel: "Oh, I don't know... since I was probably about fifteen/sixteen I've gone for older guys but, erm, you know, going out with people your own age – they are very immature. Like, my boyfriend is twenty five this year – I'm eighteen. I'm eighteen so.... I went out with older guys since I was in secondary school. And, I just... I found that older guys were more mature but it was...I went out with one older guy and he lives over, across the road from my house and we went out for probably about six months or so and I found out he had a wife! No ring on his finger; there was no pictures in his flat; there was no clothes or nothing."

Rachel had actually begun her narrative with her relationship history:

Rachel: "OK, erm, well, I've had a number of boyfriends I would say, some which weren't really nice. And, uhm, you know, different things that happened: My boyfriend that I had before my baby's father... uhm, was from Stanford and we broke off

because of problems... I had problems with my mum at the time and that broke off because he thought I was crazy but erm....”

Dee had been in a relationship with a young man of nineteen at the age of twelve.

“...erm, he always used to beat me up, and everything, it was quite a nasty relationship really, but I was too scared to get out of it.”

“...cos every time he would hit me I would fight back cos I was scared, I didn’t want to show him I was scared, so I know I shouldn’t have really fought back but I did and so because I done that as well so she (Dee’s mother) said ‘Well, you’re as bad as each other!’ But like he used to throw pens at me and make my head bleed, he’s given me black eyes before, everything, he was really nasty.”

Despite this, it was not the violence which finally turned her against her partner, but his infidelity:

“...for the last two years, our sex life just got like.... boring and he went off cheating on me, and that, so, that’s when I started hating him. The fact that he cheated on me, and it was with my sister as well, which made it even worse.”

Hilary described an age gap of fourteen years between her and her partner, but unlike Dee she had a good relationship with her partner and they were still together, although he had had a lot of issues when they first met:

“When I met him he’d just come out of an eleven year relationship. He’d lost his job and then his house got repossessed. He was on drugs and he’s got a criminal record as well, from that time as well, erm....”

Hilary went on to say how her partner came off drugs and stopped getting into trouble after they met, in an effort to sort himself out. Meeting Hilary had obviously been a very positive influence in his life.

Natalie met her partner when she was fifteen and he was twenty three. When asked whether her son had any contact with his father Natalie's reply was as follows:

"No. His dad actually has four different kids with three different women. Erm, he's... he's eight years older than me and last time I spoke to him he threatened me."

Natalie went on to describe the kind of relationship she had with her son's father:

"I'll tell you.... He never used to let me go to school. I wasn't allowed to wear makeup, I wasn't allowed to see my friends; I wasn't allowed to go out of my house; or anything. "Oh, the babies not mine!" If I wasn't even allowed to go to school, you know, how could I even get the time, you know, to go and sleep with someone else or anything!"

Partners who were Controlling

Natalie was not alone in describing a relationship that was experienced as controlling. Although the age gap with their partners was considerably smaller, Keira and Jade also described relationships with men who were to some extent behaving in similar ways. Keira felt she had been manipulated into becoming pregnant by somebody who then paradoxically appeared to give her an ultimatum to choose between him or her baby, because she would no longer continue using drugs and alcohol. Jade found herself being on the receiving end of her boyfriend's aggression:

Sue: "What...do you know what was the cause of his anger?"

Jade: “Just jealousy I think; he was controlling, I wasn’t allowed out to go and see my friends. Cos I had boyfriends before I met (him), he didn’t like that; just jealousy – I think he was a bit obsessed. I don’t know what was the matter with him; he doesn’t really talk about a lot of stuff he just likes to keep it to himself”.

Partners who were already Fathers

There was a further similarity between Keira, Jade and Natalie’s relationship narratives in that all their ex-partners also had more than one previous child. Jade’s ex had also had twins with a previous girlfriend, with whom he had limited contact. Jade was very keen for her children to know their half siblings but their mother had not seemed to want to support that relationship developing.

Natalie described how her ex-partner’s three children by two different partners lived locally, and while she was aware of them she had no contact with them.

Keira talked about how she had helped to look after one of her ex-partner’s children:

“I had to look after his second child because he couldn’t be bothered.”

And a few sentences later:

“He don’t care about his kids. As long as he was getting into trouble... he’s been in and out of prison since he was fifteen.”

From their narratives, the picture presented was of men who were not playing much of a role in any of their children’s lives.

This was in contrast to Hilary and Amy’s partners who each had one child in a previous relationship, with whom they had regular contact. Hilary’s partner at the time she met him had a nine year old son from a long term

relationship that had broken down, and the son now lived with them and their two children. Amy's partner had been a teenage father and had a good relationship with his daughter, although made it clear that he did not want any further children at the point at which Amy became accidentally pregnant.

Partners in Prison

Three of the participants were involved with men who had been through the prison system. For Isabelle and Hilary, their partners changed their behaviour after the birth of their children and managed to stay out of trouble. For Keira, her ex-partner had been in and out of prison for several years and at the time of our interview was out on licence. Two further participants talked about their partners having some involvement with the criminal justice system. Whitney's partner had been in court for unpaid fines just before she found out she was pregnant, and Natalie's current boyfriend, not the father of her child, was on a curfew.

Relationship Violence

There were several references to expressions of violence and aggression related by participants within previous or current relationships: some before they were pregnant, and some either during pregnancy, afterwards, or both. This was not always as might be expected. One of the young women, Paula, reported that she had become violent towards her partner during her pregnancy, and that on the last occasion when she tried to stab him with a screwdriver as they assembled the cot together before her son's birth, her partner had retaliated. Hilary had been subjected to violence from the son of her partner, aged ten at the time, who had come to live with them while she was pregnant:

“...I mean he’d like shove stair-gates into my stomach as I was walking past he tried to push me down the stairs a few times. He beat my dog up and locked me in the kitchen when his dad was out once...”

Dee had been hit by a previous boyfriend in a relationship that she had been ‘too scared’ to get out of until she met her present boyfriend. Lisa had also been in a relationship with someone who:

“...beat me up and he was into drugs and things like that and that was a really bad relationship and I think I actually left him for Steve.”

Natalie had been threatened with violence by her baby’s father after his birth, while Jade had been hit both during pregnancy and after the birth of her twins. Becky talked about arguments which became violent after her daughter was born.

Relationship Breakdown

As touched on in the introduction to this chapter, the narratives contained stories of relationships that continued, were strengthened, or conversely reached breaking point, with the additional pressures of pregnancy and child rearing. Thirteen out of the twenty three participants described relationships where their partners failed to commit to parenthood during their pregnancies, or take enough responsibility following the births of their babies. This happened in both ‘unplanned’ and planned pregnancies, and pregnancies arising within long term and short term relationships. In other words, the relationship circumstances or degree of planning of the pregnancy did not appear to predict a particular outcome in terms of the amount of involvement of the fathers in their children’s lives. Three of the participants: Caitlin, Shanti, and Amy, could not count on any degree of support or involvement from the fathers of their children from early in their pregnancy. For Shanti, the decision of her boyfriend to

go back to his home country, saying he did not want the responsibility of fatherhood, lead to great unhappiness during her pregnancy:

“..... I thought it was gonna be hard because the father wasn’t around. Whereas all my friends were with their partners, and I was on my own which is why I had quite a depressing pregnancy. Always seeing psychiatrists. I didn’t think I’d be able to cope. I didn’t think I’d be able to cope at all.”

The father of Caitlin’s baby refused to acknowledge that the baby was his, and had nothing to do with his son. Although this is not explicitly linked in her narrative, Caitlin talks about how she felt after her son was born:

“...and I was feeling really bad then and really bad depression and I tried to commit suicide and I’ve done it since....”

Amy described realising that she was ‘on her own’ from the moment she told her boyfriend about her pregnancy. Her boyfriend was already a ‘teenage father’ and although he had a good relationship with his daughter he made it clear that he was not interested in having another child. This was highly relevant to the decision that she made not to continue with the pregnancy:

“And I felt from that moment I felt I was kind of on my own really, I didn’t get any emotional support from him throughout the pregnancy, I was low confident , my self-esteem was quite low at that age because the relationship wasn’t very healthy and he wasn’t very supportive - a bit of an arse really.”

This had not been the reaction that Amy “had hoped for”, explaining that she at least thought the crisis of her pregnancy would bring them closer together, would elicit her boyfriend’s care, whatever the outcome.

For Jade, the confirmation of her pregnancy (with twins) also marked the start of her partner’s loss of interest in her:

“... he started being a bit funny and it started getting harder, where he’d start pushing me around. It was such ait was a hard time. And I just think it’s because he doesn’t want the responsibility of being a father. Cos he’s only twenty one and he’s got four children” (including his twins from a previous relationship).

The relationship finally ended when Jade’s twins were nine months old. Jade describes her ex-partner’s involvement in his children’s lives as erratic:

“Sometimes he can be ok. Other times he’s not really interested. I don’t get money from him – I don’t get any help – if I ask him for some nappies then it’s always a “No I’m skint” or ...it’s just anything (no to anything she asks for). He’s not really there.”

For Keira, telling her partner she was pregnant lead to an ultimatum from him about making a choice. Although they did get back together, her partner was not a reliable source of support:

“Then, I had her; the first couple of weeks before I was due to have her; he only turned up three days before I was due to have her then he swore he’d help. I was about two weeks late with her. And I had to have her by caesarean because she went toilet in me so I had to have her by caesarean; I was in hospital ‘bout two days and he went “I’m going home” and he came back three weeks later with his other son and I was “You’re supposed to help me out with the baby!” and by that time I had split my scar open and he wouldn’t help me or nothing.”

The relationship ended and in common with several other narratives, Keira reported a lack of financial help from her ex:

“It’s not easy with money as well, they don’t give you a lot of money – it’s a struggle.”

The importance of financial help was apparent in the Shanti's response to a question asking whether her ex-partner had seen her son since his birth:

Sue: "So, so, he's not actually been and visited the baby?

Shanti: "No, not a penny. Not one penny from him".

The difference that a small payment could make to how participants felt towards their children's fathers was reflected in Grace's narrative about her ex partner:

"I'm still really good friends with him, and we have a laugh together. He gives me thirty pounds a week for (our daughter) and he's only just turned seventeen so erm, I've got a lot of respect for him, doing that."

Failure to meet expectations about how they should fulfil the role of a father was a common explanation within the narratives of several young women of why they had ended the relationships with their partners, or why their relationships had broken down.

Elise expressed her disappointment in the lack of involvement from her ex-partner in her son's life while Fay's views were more succinct and implicit, in that she felt that it was easier to be on her own than to look after a second 'child' as well as her six and a half month old baby:

"Erm, yeah, she goes to her dad's on Sundays for about three or four days and I get her back Wednesday sometimes. Yeah, me and her dad aren't together no more – not since, like a month – it's like having two kids (laughs) – ridiculous!"

Fay's ex was however one of the few fathers who had his child to stay with him after a relationship breakdown. Similarly, Grace's partner had help from his family in order to enable him to do this:

".....ever since we split up he sees her on a Sunday and he goes to his mums' or his dad's and they look after her with him."

For Jade, the importance that she placed on her children seeing their father meant that she had to go and stay with her ex to help him care for them:

“I go over there sometimes and stay there for a few days, with the kids. Because he won’t have them on his own; he’s not capable of doing that by himself which is quite hard because I lost my dad at ten and I know what it’s like not to have a dad. And I want them to have their dad around all the time. But where he’s only twenty one he wants to be out with all his mates and just do what a twenty one year old does.”

Vicky talked of being “more than enough” as a single parent for her son and referred to her partner’s immaturity. She had been in a relationship of three and a half years prior to her pregnancy at seventeen, a relationship that was now more off than on and where her partner just wanted to be able to carry on doing what he liked. She reported that the decision to have a baby had been a joint one, however her partner hadn’t really taken any responsibility:

“.....since we’ve had our son, things have gone a little bit more...it’s like we’re still together now and again but not as much as we used to be. Either he’s out working, doing what he’s doing, or when we’re in the house, it’s just like we can’t stand each other, I don’t know why, but that’s just the way it is now, I would say.”

Sue: “And you think that’s been a change because of having a baby?”

Vicky: “Not really, because I mean, when I was pregnant we were having problems in the relationship anyway. And I mean, I would say girls mature faster than boys, but I personally just think, I personally would just put it down to the fact that he didn’t really, it basically hit home when he saw my baby started to pop

out, and was thinking, “Well this is it now, there’s a child involved” and I personally put it down to his thinking “Well I haven’t got as much freedom as I used to have”. And with me, I already knew that, because like I said, I’ve got a younger brother and I’ve got a niece, so me spending time with them, I’ve got a little bit of insight of how it would be, being a mother but for him he just basically took it as, “Oh, my freedom’s basically gone now, I’m going to have to be at home with my girlfriend and my baby”.

Isabelle talked about her children’s father failing to provide materially for them but remaining in their lives, having unrestricted access, and that she and he were now good friends. Isabelle had initiated the split after realising that she no longer had any feelings for her partner, as he changed from being an exciting and dangerous ‘bad boy’ to someone who seemed to have no ambition in life:

“...when I met him he was doing like, like stealing and whatever else; I only seem to fall for the bad type really. But as soon as he come out of prison after I had Mary he hasn’t been arrested for two years now – but then by that time there was nothing there, sort of thing, so we just didn’t get back together”.

Although they got on well and her ex did see his children, there were still tensions:

“I don’t see why I should let him in my place to look after the kids. I think he should take ‘em out; cos then he eats all my food – which he did the other week – he stayed there look after them both so I could go down town and he’ll eat all my food. I come back, the whole place was a pigsty. And I’m like – no, you’re not doing that no more, you can take them out.”

Both Grace and Becky’s relationships broke down following the births of their children because of arguments, which in Becky’s case became physical. Her narrative reveals the tensions created by lack of sleep, the

determination to be a 'good' mother, and expectations of her partner that he was unable to meet:

Becky: "Yeah, after I had the baby because I was breastfeeding, there wasn't much he could do; all he could do was be there for me and the baby. And he was working, and he had never really worked before so it was difficult for him and I understand that. So he'd come home from work, have his dinner, and go straight to bed. And I'd be up; I mean I used to get ten minutes sleep at the most back then and so, because she was always breastfeeding, I never used to do it for twenty minutes and put her down. My mum said 'just carry on breastfeeding her the whole time', so I did."

Sue: "So you were feeding her on demand but she was feeding all the way through the night...?"

Becky: "Yeah, she'd feed and she'd drop off and so it would take me ten minutes to get to sleep and ten minutes later she'd be up. I think she was nine days old when I got my first sleep and that was an hour and forty five minutes and I was chuffed with that (laughs). Yeah, but, erm, he..., one night I had a go at him for not sort of being there and he said what could he do and I told him 'just stay awake and let me sleep while I'm breastfeeding and watch us very closely just whilst I sleep and erm, he fell asleep and I ended up waking up and she was crying... and I thought 'he's useless – he can't even do that simple thing' and so we had a massive argument and I chucked him out and a couple of days later I asked him to come back and he didn't want to...."

Despite the difficulty of the ending of their relationship, Becky later described how she still loved her ex-partner and they were now good friends.

Yolande also still had feelings for her ex-partner but ended the relationship because he would not take enough responsibility for looking after his daughter, now aged two.

Relationships that Worked

While the narratives of relationship breakdown focus on the apparent shortcomings of some young men to take on the role of father, those whose relationships were ongoing portrayed fathers and partners who were (mostly) supportive. It is important to balance the narratives of relationship breakdown with those who were more positive, particularly as ten of the participants had relationships that were working well for them.

Despite discovering that he was not the biological father of her son, Abby's boyfriend remained in a relationship with her and although things were strained because of the situation, Abby described how important he was to her:

“.....but I've always gone through my life like being, erm, being abused and everything like that so when I'm at my boyfriend's things are different so he didn't treat me like nobody else treats me, like nobody else treated me back then, so things are going really good – they still are, so it's alright.”

Abby then talked about the abuse she had been through, and how this relationship had been good for her:

“Yeah. So, but, erm, I've learned to accept it, and that, I did go through, from what happened to me I did go through very bad stages from where I was getting into trouble. Constantly rebelling and all the, erm, police and the drugs and everything like that but when I'm at my boyfriend's it all stops. He showed me that there is no point in being like that, and everything like that.”

Dee left an abusive relationship of four and a half years to be with her current partner, and described why it worked so well for her:

“...it’s just that he supports me, like, he works and that, obviously gives me money for me and my baby, erm, he does everything for us really, yeah, well (laughs) that’s all I can say; he’s really nice as well and I know he loves me and (the baby) loads.”

Reflecting on why she had stayed with her previous partner so long, Dee contemplated how her perception of love had changed now that she had experience of a good relationship:

“And I was quite young at the time as well, I didn’t really, even though I said I loved him I didn’t really know what love was then, but now I’ve met Phil, I do, it just feels right, do you know what I mean, kind of thing?”

Hilary talked about how helpful her boyfriend was after the birth of their first child:

“And, erm, I mean, my boyfriend... because it was his first little girl; he’s got a boy, but she was his first little girl. At first he just wanted to do everything; he was like I’ll feed her, I’ll do this; the only thing he wouldn’t do was the nappies.”

Later in the interview, Hilary described how things were between them now, after the ‘honeymoon’ period, with two children between them and three years into the relationship:

Sue: “Is (your boyfriend) still your biggest support? Would you say?”

Hilary: “Well, I don’t know really, he doesn’t help out as much as he should or do as much as he could. He does go out quite a bit in the day, erm, but he’s always there in the evening – by dinner time he’s always home. And if I ask him to do things he grudgingly does them.”

Hilary's assessment was positive in that while he might not be as helpful as he was in the early days at least he wasn't going out at night leaving her on her own, and he did what she asked him, even if it was reluctantly. Later still, when asked about relationships more generally, Hilary described why boyfriends were important to her:

Hilary: "Well, until Tom (boyfriend) I've never really had a proper relationship. I mean, I'd never had..., I'd never been with anyone for any longer than a couple of months before I met Tom. Erm, and we've now been together for just over three years, so...."

Sue: "Were they important to you?"

Hilary: "Uhm, what the relationships I had before that?"

Sue: "Yes."

Hilary: "No, they weren't important but I've always had to have been in a relationship. Not because that relationship is important but because I couldn't be on my own."

Lisa described how her partner sensed she was pregnant before she knew herself:

"But then, it's funny actually, because two weeks before I found out I was pregnant I think he sort of just noticed the change in me and he said you know 'If you are pregnant I want it; I want it to work; and I want us to be a family.' And I was like 'OK.' And then it turned out that I was actually pregnant."

Closely linked to her narrative about discovering she was pregnant was the importance of her partner's acceptance and continued involvement:

"Erm, and then I found out I was pregnant – and he's been there the whole way through so I've been really lucky really cos he has stuck by me and he's really good."

Lisa considered the prospect of becoming a mother in a few months:

“It’s a bit scary but he’s really happy about it so it makes me, it takes a big pressure off me. You know, yes, the dad is there and yes, he is going to bring it up! And the one thing I can say about Steve is no matter what happens between us, I know that he would always be there. And he said to me ‘Even if we’d split up and we were living together I wouldn’t move back to Tipton (his home town) until the baby was born. I’d be in Shiretown with you still.’”

Lisa confirmed the importance of the relationship by simply saying:

“....he’s everything to me.”

Mia provided a more pragmatic narrative which described the process by which her and her partner adjusted to parenthood and agreed to avoid arguing for the sake of their daughter:

Mia: “Erm, well, me and Rob, we work together like as a team, like, indoors – he’ll cook – I’ll wash up. Erm, I do like, most of the cleaning indoors – just for the simple fact that he goes to work more / longer hours. We both do work – we both have an income coming in. Erm, I think that’s really all – I think you just need to work together and sort of try and... like... it was hard when we first had her. Like bickering and... there was a few arguments because we’d not got used to her – like it was trying to share your love between three people. And, erm, but like now she’s got a lot older and that; we sat down; we worked it out; we both said that if there was going to be a lot of arguments then we would have to go our separate ways, just for the simple fact that it wouldn’t be fair on (our daughter). But erm, we sorted it out and that; it was hard like in the first period of (our daughter’s) life and that, do you know what I mean, it was. It was like bickering and there was a few bits and bobs – but, no, we sorted it out now.”

It was pertinent to consider how some of the participants had been able to move on from men who abused or exploited them. Rachel described a history of unsatisfactory relationships with men who treated her badly and expected her to pay for them on dates:

Rachel : “Well, well, I think at that time I was dealing with it as ‘Oh, cos their good looking I’ll just take it!’ But it seems – to this day – because, when you’re in secondary school, when you’re with your girlfriends or whatever, they’re talking like to me like ‘Ah he’s butters!’ or ‘Oh, he’s buff!’ or blah blah blah. But I came to a sense, from seventeen I would say ‘It’s not about looks.’ It’s not about looks because I’m not the greatest looking person on earth, you know what I mean.”

Rachel’s realisation that looks weren’t necessarily the best basis for a relationship allowed her to make different decisions about what she was looking for. As with one other participant Rachel described meeting her partner online, and how she became open to a relationship that she might have overlooked in the past:

“I think the term when I first met him was ‘fresh off the boat’ because my boyfriend is African and, you know, I thought he was just fresh in the country.... The way he looked, he looked like he was... I mean he come with a strong accent; an African accent – but he’s just normal. So it was like ‘OK’ but he looked completely black like the way African people; some of them are just fresh, fresh; like they come down and they have the glasses or the baggy trousers like they are from America. Because, that’s the trend – it’s the fashion. But he was well, well dressed, he had that curly hair, and he had, just normal; it wasn’t an English accent but he was just very, very, not posh, I would say, but, you know what I am trying to say, just normal person; standard person but he’s very generous and what was inside of him, you know, shined through.”

Although she herself was of dual heritage with an African Caribbean mother, Rachel still had pre-conceptions about her partner because of his ethnicity, accent and the way he dressed, which wasn't in her view 'fashionable', but she allowed herself to get to know him and found:

“...it's like I knew him all my life which was good thing but, you know, I still needed to get to know him; but within three months I would say I got pregnant.”

As with Lisa, her boyfriend's support was important to her:

“But erm, the baby's father was very supportive – my boyfriend – he's now my fiancée but he was very, very supportive. He bought everything; he was there for me all throughout the pregnancy but...”

Rachel continued to say how her boyfriend supported her and how at ease she felt with him:

“My boyfriend is the most wonderful person in the world – you know, he helps me; he supports me in every single way I can think of – if I'm down he uplifts me; if I want to go to the gym or if I want to do something he'll come with me or he'll do it with me. If I need help with anything he'll help out so... yep!”

And further:

“Before he was my fiancée, when we were just boyfriend and girlfriend I would say, I was so comfortable around him; he was comfortable around me; we could do absolutely anything around each other, that sort of thing. You know when you're not too sure about somebody, you're not that comfortable, you won't really do anything you'll just sit there! I mean, I laugh at his cheesy jokes – I don't know why – they're not funny – but I find them funny! You know... so....”

Tania, who had never been in a relationship before, also met her partner at the age of sixteen through on-line networking: someone from a completely different background to hers:

“In the end, my mum got a computer, and I found out how to use MSN, and I was talking to him and we seemed to really get along, and my mum came along with me to meet him and we met up and we spoke, and it just went from there really...”

Whitney described her relationship simply and concisely:

“Yeah... like, I don't know. We was just always together; if we weren't together I'd want to be with him; like I just like his company; yeah.”

For Zoe, whose partner was her translator and only acquaintance when she arrived in England eighteen months previously, her relationship was enormously important, and yet the longing to relate to others, to have female company, over time left her feeling she was going mad:

“My boyfriend is like my best friend now. I talk everything. But he knows everything about me, about my past, he know everything about me but sometimes you need a girl. So you go out, you know. And you feel and you want, you cannot talk just one person, you have to talk to more person or you go crazy. I just, I start (tape unclear) in January, because before January I think I'm gonna be crazy, I cry for everything, I scream to my boyfriend for nothing.”

Zoe then went on to describe her relationship, how her boyfriend showed his care and trustworthiness:

“I have everything. Everything that I want. He buys everything for my baby, he's never late.”

And further:

“He don’t want to tell me his problems because he don’t want us worried about like if he don’t have money this month, enough, he don’t wanna say nothing to me because he don’t want me worried about money or something. Yeah.”

It is perhaps appropriate to conclude this section with a statement from Caitlin, now in a long term relationship, summing up what it meant to her:

“All I’ve ever wanted, ever, ever wanted, is somebody to love me, somebody to love me for who I am and everything and that’s what I’ve looked for, someone I can have a laugh with, somebody I can talk to, if I’ve got a problem that I can share with them.”

Narratives Related to Parenthood

It is apparent that participants’ accounts of relationships that worked or broke down were inextricably linked with the levels or degrees of support perceived in relation to the pregnancy and following the birth of their babies. As the young women metamorphosed into mothers, what they said that they most needed was practical domestic and financial help, partners who took an interest in their children, and if they were lucky gave them emotional support too. For some, such as Isabelle, this represented a significant change from what they had previously looked for in a relationship. Narratives related to motherhood suggested two themes: mothering *at a young age* and in relation to the particular context the participants found themselves in, and narratives concerned with the universal themes for *all* mothers - of the drama of giving birth, learning the ‘craft’ of mothering, and the fragility of new life.

Narratives Related to the Birth

While giving birth is a relatively 'safe' event in the western world (Brazier, 2009) there are still risks and the process can be a 'life or death' experience, which was reflected in some of the participants' narratives:

Caitlin: "And then when they checked me for an ECG I had to be rushed straight over to the deliver suite because Daniel's heart rate had dropped so low that there was problems and I remember that when I was in labour there was five midwives and like a doctor in the room all rushing around and everything. I had wires on his head and a catheter in, a drip in and an ECG monitor strapping me down and I weren't allowed any, any like drugs except gas and air because of Daniel. Then there was, I remember, one woman, going 'We have to get her down, we have to for caesarean otherwise there is a chance he couldn't live.' And they was like 'No he'll be alright, he'll be fine.' and then his heartbeat dropped to five beats per minute and I remember them rushing me down for a caesarean and them saying 'Right you've got to read through this' and me saying 'Read through this; I can't read through this, I'll just sign it!'. So I just signed it and chucked it to her. And then I remember that a lady was just going into theatre and they had to take her out, so I could go in straight away and, like, I remember I had an epidural and everything and in the end I didn't have a caesarean because I was ready to push so they give me a forceps delivery but my auntie, my auntie was still there and they said 'We don't know if you can go in the room.' I didn't know this until after, they said 'We don't know if you can go in the room, we just have to keep Caitlin and the baby on their own, because we don't know if (the baby) will survive, because he could die', because his heartbeat was so low."

Similarly, Dee described a frightening delivery which could have gone wrong, describing a medical intervention as she understood it:

“When I was in the process of giving birth to him he got really stressed and they had to like, put a needle into his brain while he was inside me to take fluids, and that, to see if he was OK. I don’t what it was for but anyway, it was all scary and that, anyway, they got him out in the end.”

For Abby, her concern about her unborn child during labour was not matched by the midwife:

Abby: “I had quite a long labour; which was also very painful, I said to one of the midwives that I thought that the baby was in distress and like ‘cos he was usually very very active, and that, but he weren’t moving at all for a little while and, erm, I just didn’t feel right in myself. And I just thought that there was something wrong with the baby and erm the midwife turned around and said to me “Oh, don’t be so stupid!” using them words – “Oh, don’t be so stupid!”

This was an unfortunate choice of words, firstly because of Abby’s learning disability and secondly because Abby’s instincts proved correct:

“They had to use a ventouse, like the suction things, that sucks your head out; and the umbilical cord was wrapped round his head several times.”

Elise’s narrative captured the intense triumph of giving birth, the sense of achievement, feelings which she contained by imagining it as a common, everyday occurrence. Elise then described how she tried to diffuse her feelings by considering birth as an everyday event.

For some participants, like Grace and Becky, the process of giving birth was protracted over days rather than hours. Becky described a sixty nine hour labour while Grace endured a difficult and prolonged induction:

Grace: "I was in the hospital for two days before they actually took me down to the labour room because there were people coming in the beds in labour and they needed it more than me.

That this had not been a good experience was apparent:

"The Saturday when I was in there I was actually having mini-contractions and they left me on a birthing ball for around five hours without doing my obs (observations)."

This contrasted with Mia's account of her delivery without any pain relief:

Mia: "Erm, I had an easy birth. I had a half an hour labour and I didn't have nothing - I was well proud."

Having become a mother so quickly and easily, Mia found her response to her baby was one of bewilderment and fear:

Mia: "Like, because literally, after giving birth to her they laid her on the table and she was still attached to me and they wanted me to pick her up and she just looked like a little fish that was sort of on land. And I was like 'Oh my God!' And everyone kept going to me 'Pick her up, pick her up!' And I was going 'No, I'm scared! I'm scared!' because she just looked so fragile."

Hilary's first baby, born four weeks premature, was also a quick arrival:

"I didn't even know I was in labour until my waters broke."

She went on to explain:

Hilary: "Yeah, my waters broke at half past eight and I had her at two minutes past nine; I only just got to the hospital."

Sue: "So did you have any time for pain relief or...?"

Hilary: "No."

When Hilary started to get contractions at twenty eight weeks into her second pregnancy, she didn't realise what was happening:

Hilary: “I was still getting them, got back home, went to sleep and about quarter past twelve I woke up in absolute agony. And erm, tried waking my other half up and he was like ‘Stop being stupid and go back to sleep!’ that sort of thing – typical bloke! And, erm, when I got up and went downstairs and he realised that maybe I really was in labour; we called an ambulance and that, they gave me tablets to stop the labour.”

Although this stopped the contractions temporarily, Hilary gave birth to her son less than twenty four hours later, and being so premature he had to go into a special care baby unit. Hilary at that point had a daughter aged one and a baby in special care, and was in a hospital fifteen miles from home, without transport. Hilary had to somehow manage this difficult situation logistically and emotionally, while her son struggled for survival.

Transitions and Transformations to Motherhood

Hilary was not the only mother whose baby was vulnerable after birth. Dee also found herself in the position of caring for a new baby who had problems:

Dee: “Yeah, and then my baby, he wouldn’t eat or feed, or suck – he wasn’t breathing properly either – so I had to give him a dummy to teach him how to learn to suck, I had to cup feed him for three days, erm, and they ended up doing lumbar punctures on him; to see what was the matter with him and then it turned out that he had an infection in his blood; so he went into special care for three days and I still stayed there with him though.”

The narratives related to motherhood contained further examples of the ways in which the young women transformed into mothers: caring for their children, putting the needs of their children above their own, expressing their love for their children. This did not always come easily, particularly for Keira who felt she had little support:

“I had to get used to bringing up my daughter on my own. It’s not nice though cos you’re like, tired, and no one will give you like an hour’s rest or nothing!”

Keira concluded her initial pregnancy narrative with this statement:

“That’s why if I ever saw a teenager; I’d be ‘Don’t get pregnant; because it’s not worth it!’ Cos you never get a break from them. I’ve only had one break from her.”

For Zoe, too, having to do everything was difficult but she accepted this:

Zoe: “It’s so hard for me because I don’t have anyone to help me. I don’t have family around to help me. I have to do it, it’s my (responsibility).”

Grace found it difficult when her daughter was small for very different reasons:

Grace: “Then I had no confidence with her at all, I couldn’t even put her coat on – I had to get my sister to do it – I was just so scared of hurting her.”

Becky described her determination to give her daughter the best care she could, as she saw it, which for her meant not relying on others:

Becky: “I mean I didn’t go out until she was..., I didn’t leave her, even for ten minutes to pop to the shops, until she was about six months old and then I didn’t go out for a night out until she was sixteen months old. I just wanted to be complete, sort of, breastfeeding, staying at home mum because that’s what they deserve. Uhm, yeah, I think she’s benefited from it; we’ve got a really close bond. If I’d have always been having other people look after her when it actually came down to it / need to look after her, there was no one left to look after her, and I wouldn’t have known what to do. But now I know what to do, I know her better than anybody, which is how it should be really, yeah,....”

It was apparent to what extent Becky had changed from the point at which she became pregnant:

“Yeah, well I was only fifteen and I wasn’t really a stay at home person, I liked to have fun...”

to the time of our interview when her daughter was two:

Becky: “I’ve been out four times since I had Jilly, for a night out, but I don’t expect to go out; she’s two years old she wants to stay at home with her mum and its what’s expected because I had her I can’t palm her off to anyone.”

Whitney talked of her feelings about being a mother and how she saw having a daughter to go out with as an advantage:

Whitney: “Yeah, I love it. But now she’s at the terrible two stage! Really naughty! (laughs) But yeah, I do enjoy it. Sometimes, when you want to go out, and, like..., you don’t need anyone you’ve just got Tia. I’m not going out by myself because I’ve got Tia. She’s like my friend as well – like I can just go out and do what I want and I haven’t got to take no one else with me. Yeah, I like that!”

The joy that children could bring was also evident from Jade’s narrative:

Jade:”....oh they’re just so lovely! I love it! I love being a mum (laughs).”

For some, maternal sensitivities took a little while to develop:

Natalie: “At first I thought... come on, you’re boring... you don’t do anything... I can’t play with you... just go away... give me a break, kind of thing. And I’ve really started to bond with him and I get what I, get what I need ...”

Or help was needed because of difficult circumstances:

Caitlin: "I had counselling ages ago now, my life has just been changed upside down just completely from where Daniel was born and I was feeling really bad then and really bad depression and I tried to commit suicide and I've done it since.... To where I am now, oh, it just seems so much better now, I'm just coping so much better, getting on with things better. Back then it all just felt downhill."

In fact, Caitlin's son spent a year being looked after by foster carers because of concerns about how Caitlin was coping, although she continued to visit him at that time and successfully worked towards getting him back to live with her.

Shanti found the prospect of motherhood on her own particularly daunting:

Shanti: "I didn't think I'd be able to cope at all."

Sue: "Do you mean with being a mum, or...."

Shanti: "I meant with being a mum and looking after him because his father weren't around."

However she found that having her son enabled her to move on from her yearning for her partner:

"...the thought of him now with somebody else, I just don't care, because now I've got a child and I've got a beautiful thing and he will never be a part of that."

Having her son had completely altered Shanti's feelings:

"I'm very happy. Isaac has made me very, very happy."

Abby described a similar feeling although for her the change had been more pronounced as initially she had felt very negatively about her abilities as a mother due to post-natal depression:

Abby: “I’ve had post-natal depression and that, erm. A lot of the times I just thought ‘My son don’t want to be with me – he wants other people.’, and everything like that; but now I couldn’t be happier, couldn’t be more happier so....”

Isabelle’s narrative provided detail about how concerns for her children’s well-being translated into protective behaviours:

Isabelle: “Cos I’m really over-protective of my kids. I won’t let anyone smoke round them, I don’t let people have them, unless I trust them one hundred percent. I’ve only just let one of my friends, I’ve known her for donkey’s years, I’ve only just started letting her have them for an hour now and again.”

Tania summed up her feelings by describing how her daughter would now come before her needs:

“... but if it came down to me needing more clothes or something like that, I’d put that aside, I’d put her first, anything. Even if I had holes in my own clothes, but she needed clothes, she would get some before I do, but look she’s my angel, she will always come first.”

Keira, who was perhaps the most alienated from her family, made a statement about having her daughter which has been heard repeatedly in studies about young women’s perspectives of motherhood, particularly those who have been through the care system (e.g. Kirkman et al, 2001):

Keira: “I’m glad of what’s happened because it gives me someone to love me. Because I don’t get on with my family it’s someone that loves me back.”

Finally, Hilary’s narrative is an example of what many of the young women felt about their children:

Hilary: “Well, I wouldn’t change the children at all. I probably change the way it all went about and the way it all happened. But, I wouldn’t change having the children; not at all.”

The Difficulties of Young Motherhood

This duality that Hilary described, of not wanting to change their children, but rather the circumstances of their mothering, came through in several of the narratives reflecting some of the difficulties of being a young mother. Abby’s appraisal centred on the effect that children can have on relationships:

Abby: “But like, having a baby does put a strain on things, and that, so you can’t expect everything to just be all rosy, just because you’re having a baby, and that, it is difficult for both the parents, so well, both of the people involved, or whatever.”

Along with other participants, Abby went on to express her wish that things had been different, although she talked about what wasn’t a problem for her rather than what was:

Abby: “Erh, yeah, ermm, I, I regret having a baby at such a young age. Not because I couldn’t go out partying, this, that, and the other, because I was never the type of girl to go out partying, I was always stuck in doors, and that.”

Caitlin went further in qualifying why young motherhood was regrettable:

Caitlin: “I just wish, well I don’t wish, but if I could do it differently I wouldn’t have got pregnant at a young age. It’s, I don’t think that some people realise how hard it is. I thought it was going to be easy but it’s definitely not easy, no way, so....”

Becky articulated the things that worried her about being a young mother, when she thought about whether to continue her pregnancy:

Becky: "I thought about the practicalities of it and whether I could actually have a baby at my age and I was scared that I couldn't give birth, that I couldn't be a mum, but... I thought I'd go ahead with anyway so it turned out...."

For Becky, it was her relationship with her partner rather than motherhood which didn't work out as expected. She went on to talk about her pre-motherhood fantasy about what things would be like with her partner:

"...it would be happy families and it just didn't turn out and I was always jealous and paranoid of what he was doing, he's out having fun and I'm just sitting home with the baby."

Becky found herself getting more support from her best friend:

Sue: "So when you say she supports you, in what ways, in what kind of ways?"

Becky: When I'm stressed and I've got to get the dinner on, do this and do that, she'll play with Jilly to keep her occupied, if she's there; and if I had no money I know she'd lend me money if I really needed it. She's just there for me – she supports me emotionally by talking to me, she can tell when I'm upset and talk to me and sort of, counsel me."

Grace had to deal with a birth experience that was very different to what she had hoped for, and not being able to mother in the way she wanted:

Grace: "When I first found out I was pregnant I was like 'I'm going to breastfeed and I want to have a natural labour.'"

In fact, Grace had to have an emergency caesarean following a long and difficult labour, and post-operative complications meant she was unwell after the birth and had to have surgery a week later, finding herself unable to breastfeed her daughter because of the pain.

Another feature of young motherhood was coping with the stigmatisation and negative stereotyping expressed by others, often complete strangers.

However sometimes the hostility came from closer to home – Grace talked about going back to school while pregnant:

“Erm, then I went back to school in Year Ten and then everyone was really supportive about my decision – I didn’t get called any names – or spat on like some of the other girls do.”

For Mia, her petite and youthful appearance which made her look even younger than she was attracted public hostility both when she was pregnant and after her baby was born:

“...when we took her down town... I think she was about three days old, erm, we had this women come out of the lift and she said ‘Young mums!’ and started slagging me off sort of thing, and I just said to her - I’m not being funny (referring to the interviewer) – ‘ I’d rather be a young mum than an old mum!’ I said ‘I’m happy!’ Erm, I went down town on my own, erm, I got, I did get abuse when I was in Primark – there was a man having a go at me. And when I was pregnant as well- these bunch of school kids had a go at me and said ‘Hadn’t I ever heard of the pill?’”

Some participants also sensed this negativity from the health professionals who dealt with them, although it was not expressed so overtly:

Abby: “...the staff at the hospital weren’t all that nice. They just judged me, erm, as a, a, young mum, and that, the first time having a baby, and that, and they just assumed that I didn’t know nothing, and everything like that and they basically take... the biscuit, and that.”

When later asked if she could say any more about her treatment in the hospital, Abby replied:

“They treat you differently, that’s what I noticed because I was in, the room that I in, I was like the youngest one and there was all like older women in there, and that, and the way they spoke to them, I noticed that it was more polite and respectful to the way they spoke to me.”

The public image of young mothers was something that Amy had been very conscious of when she made her decision to have an abortion:

“I was aware of the prejudice that teenage mums are exposed to. Even at seventeen I was like ‘I’m not going to be one of them’, that was a real factor for me.”

Amy considered her identity in relation to the ‘young mum’ stereotype before deciding:

“I’m not like that”

However, it was apparent from the narratives that those who chose motherhood also rejected this stereotype. In particular, what emerged – most frequently from those participants whose relationships had broken down – was a determination to avoid a life on benefits, and ambitions for the future.

Narratives Related to Future Ambitions

Education

The perceived importance of education was evident from several of the narratives, unequivocally in relation to the benefits that could be conferred to their children in respect of a greater earning power. Some felt that not achieving at school (connected, it seemed, to difficulties at home), was an important source of disadvantage. Tania, Keira and Abby all referred to missing out on school, through ‘choice’ or circumstances:

Sue: “If you could change your story in any way, how would you change it?”

Keira: “Stayed at school – if I was at school I would be more concentrating on my studies than drinking.”

For Keira, as with others, this linked clearly with her desire to provide for her daughter:

“I wanna go back to college so I can give her a better future than I had – not give the future that I had.”

While Becky had left school because she didn’t enjoy it, she had firm plans to return to studying:

Becky: “Yeah, but I’m going to be going to college in September.”

Sue: “Oh, right.”

Becky: “I think once she’s..., she’ll be nearly two and a half by then, I think she’s old enough to be going to nursery and spend time with other kids and I can get qualifications so I can provide a better life for her.”

Sue: “What were you planning to do?”

Becky: “Oh, I’m doing an access to HE Diploma Fashion, Media & Communications.”

Similarly for Elise, a period away from study while her baby was young had given way to the drive to realise her academic potential:

Elise: “Yeah, I’m studying an Art & Design Course at the moment. It’s just really to get more qualifications at the moment. I didn’t really do as well as I could’ve at school because of the pregnancy and taking a lot of time off, but yeah, get back at it!”
(laughs).

As with Yolande, Shanti was actually at college when she became pregnant:

Shanti: “I was studying Music and Events Management. Trying to be a singer.”

Sue: So obviously, a change of plan, or things changed, when you knew that the baby was on the way?

Shanti: "Erm, things didn't really change, because I didn't really give up my job anyway, to pursue my singing because I wanted to be a singer. And I went to college up until erm, I was one day overdue, and I was still going to college. So, like, a lot of teenage mums drop out of college. They drop out of work – no, not me. Not me, I want the best for my child."

Sue "So what are you going to study when you go back to college?"

Shanti: "I'm going to finish off my course first. In September, I'm either going to do music technology or performing arts together or an apprenticeship, like work in a studio."

Sue: "What like Sound Engineering?"

Shanti: "Yeah. I want the best for my children."

Vicky had also been at college studying childcare when she decided to try for a baby:

Vicky: "Yeah. I'd like to have a bit more money to tell you the truth. I wanted to go back to college to get an education. Because I don't want to work for someone. I want to open up my own business, so I mean, as much as I'm not struggling with my son now, I'm basically surviving, but I don't want to be just surviving, I want to basically live, and say to myself if anything happens I know I've got a couple hundred in the bank so that I can fall back on."

Like other participants, Vicky had expressed an interest in the caring professions, wanting to set up a private resource for abused children at some point in the future. Abby had expressed the desire to go into youth

or social work, Paula wanted to train as a schools counsellor, while Whitney wanted to work as a nursery nurse.

Work

Not all the participants saw their futures in terms of careers, but nevertheless employment was envisaged. For Mia, working in a shop part-time as she had done since before her daughter was born, was very important to her identity as a young mother who was earning rather than receiving benefits. Isabelle had weighed up the possibility of part-time work once her eldest daughter started nursery, in preference to reliance on benefits:

“Mary will be going nursery after January when she’s three. And then my mum was thinking of quitting work and looking after her and so I could even do part-time work. Because you are financially better off when you work even though you’ve got child care and everything, you still say, even if you’re only a little bit better off; it’s the peace of mind of knowing that you’re working, not, like, on benefits.”

Lisa, who at sixteen weeks pregnant had found it impossible to find work, was nevertheless determined to be self-supporting:

“Because just because I’m a young mum doesn’t... I don’t want to sponge off everybody else.”

“I still need a job; I still want to work or do something. Because I don’t want to be another statistic mother; do you know what I mean; a single mother; that doesn’t do anything; I mean, I’m not saying they are bad mums I just want to be able to provide for my baby; I don’t want to live off benefits the whole time.”

Lisa’s predicament, of not being able to find work, had resonance with Yolande’s statement about what she would change if she could:

Yolande: "Erm, first of all, I would make sure I had a job before I got pregnant." (laughs).

Conclusion

This chapter has focused on the participants' romantic relationships and their transitions to parenthood, as well as their hopes and ambitions for the future.

What the narratives have highlighted is the importance that relationships had for all the participants, whether they were good or bad - being in a relationship seemed central to their lives. Some of the participants knew what they were looking for in a partner, while for others it seemed a more haphazard process whether they ended up with partners who committed to them and their children. Those whose partners rejected them in the initial stages of their pregnancy suffered emotionally as a consequence. Violence and controlling behaviours were a disturbing feature of some relationships, especially it seemed for the younger women with older partners. Where break-ups occurred, participants went to great lengths to ensure where possible that fathers remained in contact with their children, while ever mindful of their children's welfare.

The transitions to motherhood were evident in the way that most participants talked about their children, and it was also clear that this was acted out in different ways for each young mother depending on her values, resources, and life experiences. As with any mother, motherhood was an expression of the 'self'. Similarly, for Amy, the decision not to continue her pregnancy was also one that was based on values and identity. There were very few positive images that the young women continuing their pregnancy could draw on as they negotiated the transition to motherhood, and they faced the confusion of going through what seemed an overwhelmingly positive and powerful life event faced with undercurrents of disapproval or downright hostility.

It was evident that for most participants, particularly those who were single, education and employment were very much on their minds not just because they wanted to avoid being seen as 'typical' young mothers, but because they saw working as the way to give their children better lives, which was fundamentally important to them. However, this was also balanced with the need for some to stay at home with their children while they were young. It would be hard to imagine Becky, for example, placing her daughter in a nursery at a young age, given that caring for her daughter herself was such a strong element of her mothering identity.

Narrative Structure and Content

Alongside the narrative content of the interviews, there are also observations to be made about the way that participants structured the stories of their pregnancies. In other words, what they talked about, in what order they talked about it, and at what length it was discussed. Being asked to tell a story of personal experience inevitably requires a decision about where to start, although in this case the story centred around a specific event, that of pregnancy. Most of the participants started their stories from the point at which they became pregnant, and the circumstances surrounding their pregnancy.

However they chose to begin their stories, the starting points suggested what was important to the participants for both how they felt about themselves and what they saw as relevant to their pregnancy - their history, circumstances at the time, their relationships, telling their mothers. While some went on to focus on the birth event itself, for other participants this was barely mentioned, or focused on the way they had been treated in hospital, or appeared at the end of their accounts. Similarly, narratives about motherhood were often minimal and usually contained accounts of how participants loved, protected and cared for their children, although the initial broad interview question did focus on pregnancy rather than motherhood.

What *were* narrated, sometimes at great length, were events from their childhoods, the relationships that participants had with partners, family (excluding, usually, their own children) and how motherhood had changed those relationships and impacted on themselves. This suggests what was most relevant to the young women in understanding themselves, and their pregnancies, was their family history, their relationships.

Taking a voice-centred approach to the analysis of the narratives revealed individual stories of courage and tenacity and shared experiences of what it meant to grow up as a female facing adversity. In terms of the meaning that pregnancy held for these particular young women, what emerged were four key points that seemed to have congruence with their experiences. These points can be summarised as firstly, the connecting of the past with the present through the structuring of narratives around childhood and family experiences when talking about their pregnancy; secondly a sense of them being open to, or in a hurry to, enter into a serious relationship and/or have a child; thirdly, the sense that being a mother enabled them to morally enact a caring role that was either similar to, or in opposition to, the care that they had received from their own mothers in an emotionally healing and reconnecting process; and fourthly that this healing process was particularly salient in the context of childhood experiences of abuse and violence described by a high proportion of the young women. The next chapter considers these findings in more depth and in relation to the original research question.

Chapter Nine

Discussion: Temporal and Restorative Maternity

Introduction

The previous three chapters presented the analyses of pregnancy narratives from interviews with a small sample of young women, which concluded by indicating that the findings would now be considered in relation to the original research question.

The original research question asked what the meaning of pregnancy was for young women who had experienced it during their teenage years. My study embraced a narrative approach to researching the meaning of teenage pregnancy from the perspectives of young women with personal experience, taking the view that meaning would be available within the stories told rather than as answers to questions. As Cooper and Burnett state, 'Assembling a story out of experience offers a structure in which significant information is unlikely to be left out and creates a form of causal thinking...' (2004:117).

As described in chapter five, twenty two interviews were conducted across two research sites with young women who had their first child between the ages of fifteen and eighteen, and one interview was conducted with a woman who had a pregnancy at the age of seventeen and did not go on to maternity.

The interviews were then transcribed and individually analysed using a voice-centred relational method of analysis (Mauthner and Doucet, 1998) before the narratives were considered collectively to identify emerging themes.

There is, according to Cooper and Burnett 'a small corpus of qualitative work focused upon the experience of young motherhood' (2004:117). This work includes Phoenix, 1991; Musick, 1993; Jewell et al, 2000; Kirkman et al, 2001; Arai, 2003a, 2003c; Sharp, 2003; Hughes, 2005;

Cater and Coleman, 2006; Higginbottom, 2006 and Erdmans and Black, 2008. While theoretical perspectives and methods may differ between authors, the overall approach of attempting to increase understanding of young mother's experiences through paying attention to personal accounts is a shared feature. The intention here is to dialectically engage with what this body of research says about the childhood experiences and family relationships of young mothers in order to consider what this study shares with, and what distinguishes it from, existing research in this field.

As noted in chapter eight there were four main findings as follows:

- 1) The emphasis in narratives on childhood experiences and family relationships

Narratives were extensively structured around childhood experiences, family relationships and partner relationships in addition to birth experiences, feelings about motherhood and motherhood practices.

- 2) The rush to partnerships and motherhood implied within narratives

The sense that having relationships were important and significant for the young women, and that whether pregnancies were planned or disorganised they were desired sooner rather than later, leading to the interpretation that relationships and pregnancy had a temporal meaning for the participants.

- 3) The experience of motherhood as restorative.

The process of maternity and motherhood were described by most participants in terms that suggested the experience had changed their lives for the better, leading to the interpretation that motherhood had a restorative meaning for the young women in this study.

- 4) The high levels of violence and abuse experienced in childhood

There were experiences of childhood violence and abuse revealed in narratives by nine of the participants. This will be discussed as a finding that did not relate to the original research question.

The findings will be discussed in turn in relation to the existing literature. The four findings will then be synthesised into an overall finding which will represent the contribution to knowledge I have made through undertaking this research on the meaning of pregnancy was for young women who had experienced it in their teenage years.

1) The Emphasis in Narratives on Childhood Experiences and Family Relationships

The first finding that emerged was the emphasis within narratives on childhood experiences and family relationships, as outlined in the introduction. Considering this issue reflexively, I am aware of how my initial thoughts around what might be of significance in understanding apparently paradoxical reproductive behaviour may have discursively shaped the course of the interviews around relationships and thus fashioned the findings (Cooper and Burnett, 2004). However, the qualitative work referred to in the introduction demonstrates that whether through answering interview questions narratively, or being specifically encouraged to narrate, the way that young women make sense of, and provide accounts of, their personal lives is often in relation to their histories and relationships. Depending on the focus of the research those narratives may be highlighted and interpreted in different ways.

For example, Kirkman et al (2001) undertook a Australian study using the 'theoretical framework of narrative' (p.279) to ascertain how young mothers narrated the sense of their own lives autobiographically and in relation to canonical narratives about teenage motherhood, informed by Bruner's (1986, 1987) description of canonical narratives as how life generally proceeds in a culture. Kirkman et al interviewed twenty young

women who became mothers between the ages of fourteen and nineteen, recruited from existing community groups for young mothers and using a semi-structured interview schedule. In contrast to the marginalisation of birth narratives by some young women in my study, Kirkman et al found their participants providing sometimes detailed accounts of labour and birth. Their overall findings were summarised as the existence of a 'consoling plot' within narratives, evidenced by positive feelings from the young mothers about motherhood being enriching and the advantages of having children at a young age.

In particular, the role of children in drawing the extended family together, such as young mothers, their mothers and grandmothers, was highlighted. Also, the way that mothers and daughters became closer after a birth, and families welcoming the new additions was noted as a 'recurring theme' (p.288). One mother is quoted talking about hating her childhood, and a mother who was never there, but this issue is not picked up on except in relation to that teenage mother's determination to be a good mother as a result. The focus of the study therefore is on how the young mother's stories breached canonical narratives about teenage pregnancy, how they how they saw themselves as doing 'a good job' of mothering.

The recurring theme of reconnection that Kirkman et al refer to is evident in my study. In addition, I noted the importance of mothers in supporting pregnant teenagers for their well-being, and the conflict and tensions that could characterise the mother-daughter relationship, as well as the daughter's identification with their mothers. Observations about the mother-daughter relationships or parental support appear frequently in qualitative research on teenage pregnancy. Spear's (2004) USA study notes her participants' strong identification with, and dependence on, their mothers from interviews with eight pregnant adolescents. Greene (2003) recognised the important role that parents' as well as partners' support played in determining young women's reactions to their pregnancies, in her Scottish study of twenty young mothers. Morehead and Soriano's

Australian study (2005) found that parents were viewed as an important source of support *rather* than partners, while in contradiction many 'spoke of the negative relationship they had with their own mothers' (p.70) despite still living at home, along with accounts of moving from home away from parents after having their child.

Less is known in the UK about the experiences of non-white young mothers. Higginbottom et al's 2006 study of minority ethnic young parenthood collected data from five focus groups and individual interviews with sixty young mothers, six young fathers and ten grandmothers and analysed the findings in relation to ethnic identity, social exclusion and inclusion. The research was undertaken to counter the absence of research on minority ethnic young parents, the marginalisation of young black and minority ethnic parent's voices, and in relation to theoretical interests in ethnic identity. Of significance to my findings, they found that professionals described the positive aspects of young parenthood in the African Caribbean community and 'young women reported that they had become closer to their mother since giving birth, and that they relied on their mothers as their main supporters' (p.866). Family support was seen as a crucial factor for determining parenting experiences.

There are fewer examples of existing research in terms of representations of narratives regarding childhood in relation to teenage pregnancy, but those which do exist tend to concur with the findings of this study that such representations are frequently concerned with adversity. Most recently, Erdmans and Black (2008) using a similar method of broad questions to elicit narrative replies, found that a high proportion of the young women they interviewed described experiences of sexual abuse from their childhood. There is however evidence of the marginalisation of childhood issues within research, such as in Spear's 2004 study providing an example of narrative to demonstrate the theme of decision-making which concludes with the statement "my daddy was

never there for me; he left when I was six years old” and this is not picked up or commented on.

Noting the absence of young mother’s perspectives from teenage pregnancy literature, Arai (2003c) also carried out research with the stated intention of observing the ‘*meanings* (her italics) attached to pregnancy and motherhood’ (p.202). Her method was to conduct telephone interviews with teenage pregnancy co-ordinators across England, and face-to-face in-depth semi-structured interviews with sixteen young (before age twenty) mothers in three areas, using a ‘life-course’ perspective.

There is a degree of overlap between Arai’s conclusions and the findings of this study. Arai incorporates a recognition of the impact of structural factors on her respondents into her findings and suggests that early maternity ‘reflects a genuine desire for the maternal role’, that working class women mature more quickly, and they are not less knowledgeable about contraception. She uses a semi-structured interview, and the framework for her interviews is concerned with exploring the government’s agenda of ‘ignorance and low expectations’ as an explanation of teenage pregnancy rates and exploring the effects of neighbourhoods on teenage reproductive behaviour. From their responses to her questions in interview, Arai divided her respondents into two groups, those who had experienced severe life adversity in childhood, and those who had come from ‘less fraught....usually loving’ backgrounds (p.210). She found that the first group had children because of their experiences, as a way to be loved, while the second group saw childbearing as an ‘alternative vocation’. Both groups, therefore, were described as having ‘positive and rational’ reasons for early childbearing.

Teenage pregnancy co-ordinators were reported to have commented that for those with adverse backgrounds, becoming a mother was often a life-turning, positive event but also an uphill struggle because of their circumstances. While Arai’s study refers to the early adversity

experienced by the half of her sample who had grown up in lone parent families, Musick, in her 1993 USA psychological study 'Young, Poor and Pregnant' explores in a great deal more detail just what a struggle life is for young mothers from disadvantaged backgrounds, who face an impossible task to climb out of poverty once they become parents.

There are measurable psychosocial effects of adversity on young women's lives, as evidenced by Figueiredo et al (2006). Looking at the link between teenage pregnancy and depression, their Portuguese study compared the experience of pregnancy for teenagers and adults found that the teenagers in their sample were almost three times more likely to be insecurely attached, with only eight percent assessed as 'clearly secure'. They also reported related findings of higher rates of childhood adversity such as childhood abuse, neglect and father absence among teenage mothers that they suggested were consistent with attachment difficulties, commenting that age at pregnancy is 'not necessarily a risk factor (for depression) in itself, but rather a marker for higher risk status in terms of childhood experiences, attachment style, and quality of support' (p.131 – 132). They point to the need for further research to determine whether both pregnancy and insecure attachments are underpinned by parental loss in particular or parental conflict, neglect or abuse in childhood. This research therefore supports my original theorising about the role of attachments, which preceded the publication of this study. Goodyear, Newcomb and Locke (2002) found in their USA study of pregnant Latina adolescents that 'psychological distress' arising from difficult childhoods was strongly related to choosing partners who had very poor relationships with women, including sexually coercive relationships.

In summary, existing recent qualitative research notes the prevalence of narrative themes in interviews with young mothers that are related to family relationships such as reconnection and parental (usually mother's) support, although most studies do not focus on this as a main finding. Arai (2003c) and Cater and Coleman (2006) both found their participants

discussed early childhood adversity, Erdmans and Black (2008) found high levels of childhood sexual abuse disclosed by participants, and both Musick and Figueiredo et al. suggest a relationship between childhood adversity, attachments and teenage pregnancy although neither explore this suggestion in relation to the theme of reconnecting. Goodyear et al (2002) discuss how young women with histories of adversity are drawn into difficult relationships, they suggest in response to negative feelings about themselves. My research therefore builds on existing research regarding the discussion of background histories as important for young women experiencing pregnancy and aligns with qualitative research in observing the frequency with which parental supportive relationships, and in particular reconnecting, is mentioned by young mothers.

Furthermore, it is suggested here in line with Musick that adversity is central, rather than peripheral, to understanding the meaning of teenage pregnancy for many young women and this appears to lie in tension with some arguing for a more positive construction of teenage parenthood: that the social issues that are thought to be the antecedents of pregnancy to be addressed, such as social pressures, adult roles and sexual intimacy issues, rather than the pursuit of individually deterministic explanations requiring psychological solutions (Cherrington and Breheny, 2005). However, such views do not take account of the impact of structural inequality on family relationships, the way that these inequalities affect family life (Birns, 1999). Indeed, it is argued here that focusing on childhood adversity draws attention to the fact that families under stress need additional social support if the generational cycle of deprivation is to be broken. The uphill struggle that some young women faced on becoming parents detracted from the more positive outcomes for them and their children, and this led several participants in this study to state “I wish I’d waited” in relation to the timing of having children. This issue is now explored as the next finding.

2) The Rush to Partnerships and Motherhood Implied Within Narratives

The young women in the study who became mothers were able to reflect on both the advantages of having children at a younger age (behavioural changes such as giving up alcohol and drug use), and the perceived advantages there might have been from waiting. The regret expressed by several participants reporting disorganised pregnancies was that they wished they had waited, not because they didn't want their children, but the lack of financial stability meaning that they could not provide for their children in the way that they wanted, and the difficulties of parenting at a young age. As with their own lives, they now saw their children in turn 'not having' and 'not getting'.

To hear "I wish I'd waited" by those who had not planned their pregnancy, invited a curiosity about why this should be so, how this might be interpreted. The implication is that while pregnancy was not consciously planned, some young women appeared to recognise retrospectively that they had been in a hurry to get to motherhood, or that motherhood was the likely outcome of their former lifestyle – a kind of accidental agency. As Ricoeur (1991) has elaborated, time is a uniquely human concept. Deciding how to write the self, suggests Freeman (1993), means taking account of past, present and future in order to present a coherent narrative. 'What is' and 'what might be' must be in relationship to 'what comes before' (Crossley, 2000). For whatever reason - the desire to grow up; to bring about commitment; to become a family, to be a mother; reproductive behaviour appeared fuelled with a sense of urgency for some of the young women – they *couldn't* wait, because their perception was that there was no time *to* wait – *tempis fugit*.

For some, this sense of urgency also permeated their narratives about romantic relationships in that they arose with a high degree of spontaneity or quickly became serious, with events being telescoped into brief time spans, reminiscent of accounts of 'whirlwind romances' during the

Second World War (e.g. Lumley, 1993, Pearce, 2006). To explore this analogy, in war time the certainty and security of peace gave way to extreme uncertainty – about survival, the future, and life generally. What is evident from social historical accounts of wartime is that for some people in these conditions, life took on a short term perspective which made living very different – behaviour changed, decisions altered, sense of time warped, because their tomorrows were uncertain. If tomorrow is not forthcoming, the whole basis on which life is understood – that of temporality: a past, present and future – alters. The connection to be made with the lives of young parents is that the stress and deprivation some have experienced in younger life perhaps replicates this effect, turns the focus to the ‘here and now’, and means their experience of time is perhaps different to those from more affluent backgrounds.

Burton’s 1990 description of an ‘accelerated timetable in poor black teenage families’ (p.125) suggests that there are several factors which may coalesce to alter the timing of significant life events such as marriage, parenthood and grandparenthood for some communities, most significantly a truncated view of life courses culminating in an expectation of earlier death than would be envisaged within the white community. The families that she observed therefore saw timing of events in a very different way, for example women wanting to have grandchildren at an age when they felt they could still physically manage to provide care. Teenage childbearing therefore fitted in to a culture where the organisation of caregiving responsibilities was better suited to early parenting. While Burton’s theory of an accelerated life-course suggests a perception of life as short, what is argued here is that for some young people the desire was for time itself to be accelerated, creating a temporal aspect to the rush to parenthood that was not necessarily conscious.

This may be because living with deprivation engenders feelings of ‘not having’ and more especially ‘not getting’—shortages of love, happiness, and material resources mean they have to be grabbed when they can

rather than waited for. The gratification that relationships and parenthood could offer was the possibilities of joy and happiness that some of the participants did not, could not wait for because there seemed little else in their lives that could be seen to offer such exciting, or fulfilling, prospects. While partners may have failed to live up to those expectations in some cases, for the most part the participants expressed great pleasure in their children, that they had indeed changed their lives for the better. The power of this change should not be underestimated, or the instinctive wisdom of the young women to know what they needed in their lives, even though their circumstances were less than ideal. The observation frequently made in teenage pregnancy research that the young women often suspect that they are infertile prior to becoming pregnant (e.g. Phoenix, 1991, Arai, 2003c, Greene, 2003), may reflect being raised in a 'not getting' culture, the feeling that life somehow will disappoint, that they will not be getting what others take for granted, that their bodies will let them down. Arai (2003c) also makes reference to timing issues in her research, suggesting that the difference between working class and middle class women is that working class women time their pregnancies earlier because they mature faster. That may account for some planned pregnancies but it would not account for the conundrum of disorganised pregnancies. For those young women who had not planned their pregnancy, life seemed to be a series of reactions rather than decisions, and was therefore lived at a more spontaneous level. Their behaviour was more reflective of being open to whatever might happen, rather than having an element of control or decision-making.

3) The Experience of Motherhood as Restorative

Whether or not the route to motherhood was planned or disorganised, what became apparent from the participant's narratives was that most experienced positive benefits as a result of having their children. This echoes qualitative studies that have variously referred to: planned

teenage parenthood as a route to a new identity and change direction (Cater and Coleman, 2006), how young women's decisions to continue pregnancies are imbued with choice and rationality (Barn and Mantovani, 2004), how teenage mothers know they are doing a good job of parenting (Kirkman et al, 2001), that having a child can be 'Someone of your own to love' for young people who have been through the care system (Knight et al, 2006a), that outcomes for teenage mothers can be positive (Hughes, 2005), that teenage pregnancy can be an act of social inclusion (Graham and McDermott, 2005), that young parents want to give their children loving and secure childhoods (Arai, 2003c, Morehead and Soriano, 2005). Further, themes have emerged of teenage pregnancy as a means of reparation for earlier adversity (Lesser et al, 1998) and of being part of a cycle of poverty, disintegrating relationships, distance, problem-solving, and reconnecting (Williams and Vine, 1999).

The essence of these studies is that becoming a mother can be a highly restorative process for those coming from backgrounds of poverty, adversity and being looked after. Most significantly are the themes of social inclusion, given the government's focus on teenage pregnancy as social exclusion, and reconnecting when relationships have disintegrated, suggestive of attachment behaviour. The narratives of the participants in this study reflect these themes, as they described the happiness, the joy their children brought them, or in one case referred to their child as 'like my friend as well'.

For some of the participants, having a child strengthened their relationships with their partners, while for others becoming pregnant initiated or deepened their relationships with their partners. Others found that the expectations they had of their partners as fathers were not lived up to, and relationships broke down. However, what came across most strikingly were the number of references to participants becoming closer to their mothers as a result of their pregnancy, even for the participant who did not go on to maternity.

Some described how the relationship with their mothers had now become very close and supportive, with one referring to her mum as her 'best friend' and another saying she could talk about anything with her mum. The strengthened connection could mean more practical help rather than emotional support, but that did not make it any less important. Some found that the relationship improved after they left home, or could relate to their mother on a more adult level. Two participants were slowly rebuilding what had been very difficult relationships.

For the most part, what was indicated by these narratives was that earlier attachment relationships were being strengthened, transformed, rebuilt, and that this was the re-connection and inclusion being described – inclusion into family networks as a mother rather than a child. New attachments were also made to partners or existing attachments strengthened, while bonds of love with their children were also apparent.

Having a baby is a way to gain recognition that is both seen as culturally valued (although only for women of the 'right' age and circumstances) and attainable, which provides proof of fertility and enables a distancing from the past, a turn to the future. It can also be a means of symbolically recreating the self through (or even perhaps as) a child – a child that can be loved and nurtured as a baby should be. A 'second chance' therefore to start afresh (Williams and Vine, 1999), because the prospect of changing the 'self' is too difficult, or too late, as demonstrated by one participant's telling comment that she wanted her daughter to have a better future than she had – as though her own future no longer existed. There may also be a sense of control and determination about what will, or won't, happen to one's own child. From this perspective, mothering becomes a deeply moral pursuit, embracing both Kantian ethics and an ethics of care. SmithBattle (2000b) discusses the findings from her longitudinal study of how young mothers develop and extend family caregiving traditions in relation to, or in opposition to, their own experiences of care.

4) The High Levels of Violence and Abuse Experienced in Childhood

Within the sample of twenty three young women interviewed for this study, nine disclosed histories of physical sexual or emotional abuse, including witnessing domestic violence – a total of thirty nine percent of the sample. More precisely, two participants revealed both sexual and physical abuse, two participants revealed sexual abuse, two participants revealed physical abuse, two participants reported witnessing domestic violence, and one participant described an emotionally abusive home life. There is a recognised link in the research literature between becoming pregnant as a teenager and childhood sexual abuse (Roberts et al, 2004; Musick, 1993; Logan, Holcombe, Ryan, Manlove and Moore, 2007; Miller, Benson and Galbraith, 2004; Erdmans and Black, 2008) and physical abuse in childhood is also associated with teenage pregnancy (Adams and East, 1999).

A recent qualitative study in the USA also found high levels of sexual abuse disclosed in their sample. Erdmans and Black found that twenty five percent of the young mothers they interviewed had been sexually abused, compared to seventeen percent in this study, although their sample had already been screened from a larger group of young mothers and defined as being 'at risk'. The rate of childhood sexual abuse within different communities is difficult to gauge and so statistical data alone do not provide a clear picture of the relationship between childhood abuse and early pregnancy. For example, looking at a range of research findings, Roberts et al. found estimates of levels of childhood sexual abuse among the general population varied between about seven and thirty six percent for females depending on the criteria used to define abuse; data collection methods; sampling methods; and cultural issues affecting reporting in different populations (Roberts et al, 2004).

The number of young women disclosing abuse in my study seems to be higher than that found in other qualitative studies, for example Arai's

2003c study referred to four respondents from her sample of sixteen who had been abused in some way and one who had been affected by an extremely poor relationship with her mother. She had however deliberately screened out those who had been pregnant before the age of fifteen from her sample with the rationale that they would be more likely to have been sexually abused and therefore unsuitable for inclusion in her study.

Other qualitative research makes no mention of disclosures of abuse in childhood, e.g. Kirkman et al., 2001; Morehead and Soriano, 2005, despite both drawing on young mother's groups to recruit participants, giving them a similar research population to my study. There are three possible ways of interpreting this, one being was the high numbers in my study were a result of the sampling technique, so that a sample drawn from young mothers who were from significantly more diverse backgrounds might produce different results, and secondly it was a result of the interviewing method used, so that abusive experiences emerged more frequently as part of the participant's stories because the interview schedule facilitated this. The third interpretation is that the young mothers in the studies where few disclosures were made were anxious to present themselves as good mothers who were coping well and therefore did not want to draw attention to their adverse histories – an observation made by Arai in her study (2003c).

To compare, Erdmans and Black (2008) also used a lightly structured interview aimed at inducing narratives and did not ask direct questions about childhood sexual abuse in the interview, but found that stories of abuse were related as part of the chronology of their histories, often in a minimised way. Similarly, my study found that participants often weaved instances of abuse into their narratives in quite matter-of-fact ways, although the narratives themselves were often extremely powerful in terms of their impact as spoken testimonies.

The conclusion that may be drawn is that other qualitative studies have not found such high levels of abuse because the interview method or focus within the interview schedule, such as on the theme of planning a pregnancy, has not facilitated their disclosure, or because childhood histories have not been recognised as having any relevance to their overall research question. However there is also the possibility that it has not been asked about in interviews because it is a sensitive subject and also childhood abuse is stigmatised and seen as a 'risk factor' and therefore a high prevalence of abusive histories among teenage mothers would appear to undermine the position of a positive construction of teenage pregnancy, which qualitative research tends to take.

Where studies *have* acknowledged 'difficult' pasts in relation to teenage pregnancy, such as Arai, (2003c); and Cater and Coleman (2006); the connection is made between adversity and early parenting with the latter seen as a 'rational' choice because of the positive benefits that parenthood brings in those circumstances. It may be that such decisions are not cognitive but emotional ones, and as such they do not owe their rationality to a process of logic (Turner and Stets, 2005), and this argument is made in the light of what is known about the impact of child abuse on thinking processes and self-regulation (Sunderland, 2006). While they do not specify what proportion of their sample revealed such histories, Cater and Coleman (2006) found the levels of violence and abuse revealed by participants in their research more frequent than expected. They purposively selected their sample from those 'who had or were experiencing poverty and disadvantage' (p.52) and who had planned their pregnancies, so again their population differed slightly from my study, which was more mixed in terms of being selected from both a deprived and a non-deprived area and also included those with both planned and unplanned pregnancies.

The research in the area of child sexual abuse (CSA) and teenage pregnancy is much more prolific than that of physical abuse or domestic violence. Much of the research looks at the links between CSA and a

range of negative outcomes, of which teenage pregnancy is but one. In a large UK study Roberts et al look at the impact of CSA on the individual's mental health in later life, suggesting that the long term repercussions include poorer mental health, poorer quality of parent-child relationships with their own children, and 'adjustment problems' in their own children, as well as a greater likelihood of teenage pregnancy. In a review of USA literature, Logan et al (2007) looked at both prospective and retrospective studies that considered the direct links between CSA and pregnancy, as well as retrospective studies looking at the indirect links in terms of high risk sexual behaviours such as lower condom use, early sexual debut, more partners and older partners. They state that 'childhood sexual abuse and teenage pregnancy have been found to be significantly and positively associated in a range of bivariate and multivariate studies'(p.3), although only a small number of the studies used prospective methods which Logan et al. suggest are particularly methodologically strong in teasing out causal relationships. Retrospective studies have put forward various explanations regarding the relationship between CSA and teenage pregnancy but, the authors suggest, they do not present a convincing argument for causation. More needs to be known, they suggest, about the experiences of different 'subgroups' experiencing CSA such as those varying by gender, race and ethnicity, and socio-economic status for causal arguments to be more persuasive.

Whatever the causal links that are yet to be established, any form of abuse during childhood must be considered as not conducive to well-being. Moreover, it is likely to be those in a position of care that inflict such abuse, and that has ramifications that may be overlooked in the search for causal relationships. Howe (2005) considers the impact of child abuse not in relation to possible later teenage pregnancy but in terms of the effect on children's attachment systems, leading to insecure attachments which in turn may affect the propensity towards early pregnancy (Figuieredo et al, 2006). Physical, sexual and emotional abuse by carers all have an impact on a child's mental state and their behaviour,

as they display predictable strategies for survival around abusing, frightening, and sometimes inconsistent carers. The impact of abuse can also be compounded by caregiving environments which are simultaneously depressed, deprived, and neglectful.

My study has not sought to identify causal relationships between CSA and teenage pregnancy, but instead to identify the meaning of pregnancy for young women. The high levels of abuse reported by the participants as part of their narratives suggest that this did have meaning for them in their reproductive decisions, in particular the desire to have a child to love and protect as they should have been, as well as the desire to be loved and cared for by a partner. This is consistent with previous research which asked young women who had planned a pregnancy about the role of their childhoods and family history in influencing their decision-making regarding planning an early pregnancy (Cater and Coleman, 2006), and extends the picture to include those who had not planned their pregnancy. Furthermore, it suggests the role that attachment systems might play in that process, concurring with the recommendation made by Figueiredo et al (2006) that more research is needed to examine the link between insecure attachments and teenage pregnancy. Research highlighting the impact of structural inequality on both the quality of maternal sensitivity (Birns, 1999) and the risk of exposure to sexual abuse (Musick, 1993) imparts additional understanding about the role of poverty in possibly weakening attachments and creating the pathways to early parenthood. Informed by an 'eco-developmental' perspective, Goodyear et al considered the various factors that influenced young pregnant Latina women's choice of partner and considered two hypotheses – that partners were chosen on the basis of similar characteristics, or on the basis of verification of self-views. Their conceptual model looked at how age, childhood experiences, social connectedness (including healthy attachments) and psychosocial functioning all influenced partner choice. Of particular relevance to this study, they worked from the premise that 'the past is prologue' in terms of

relationships (p.189) particularly child-parent relationships, and cited research looking at how difficulties in forming attachments followed in later life for those with histories of child abuse. Their findings were that there was a 'near perfect relationshipbetween the young women's psychological distress and the likelihood of their partnering with men whose relationships with women they perceived to be negative.' (p.194). This, they concluded, suggested that the young women chose partners who verified their feelings about themselves and described the 'significant and widespread influence of childhood experiences (p.199) presumably on the pregnant adolescents in their study, who they saw as being distinctly different from their non-pregnant sexually active and non-sexually active peers.

Temporal and Restorative Maternity

The four main findings from an analysis of narratives of teenage pregnancy are firstly, that the meaning of early reproductive behaviour from a specific sample of twenty three young women demonstrated that childhood experiences and family relationships were highly relevant to their pregnancy stories. Secondly, the apparent hurry into romantic attachments and reproductive behaviour at an early age that was evident within the young women's narratives was interpreted as having a temporal meaning, in that they contained a quality of being connected with an accelerated sense of time which was interpreted as meaningful for the young women in relation to their poor histories and their personal judgement in the timing of significant life events. The third finding was that motherhood was generally experienced as a restorative process that addressed the attachment needs of the young women, strengthening their relationships and therefore having a positive effect that was highly meaningful in the context of their histories. The fourth finding was that the narratives contained a high number of disclosures of abuse which were also considered in relation to the impact of abusive experiences on their

attachments. These findings are now synthesised into one main finding which argues that the meaning of the young women's pregnancies was one of temporal and restorative maternity.

The term 'temporal and restorative maternity' reflects an understanding that the timing of motherhood for some young women is an emotionally driven and hurried process that defies logic and yet serves to bring about a healing of past hurts, valued opportunities for caregiving (SmithBattle, 2000b) and increased connection to others, where appropriate support is available, perceived and accepted. The use of the word 'restorative' is used to synthesise the positive aspects of early motherhood found in the existing literature and as an inflection on the term 'rational' that has usually been used within qualitative literature to describe the choice of early parenting for young mothers with histories of adversity.

This synthesised finding becomes the contribution to knowledge about the 'least understood' aspect of teenage pregnancy, illuminating why some young women in this sample were disorganised in their use of contraception and why socio-economic deprivation was highly relevant but did not tell the whole story of their pregnancies.

The unique contribution of this research is therefore to employ a narrative approach to the question of the meaning of pregnancy for young women, and to offer an interpretation of their stories which challenges prevailing 'narratives of cause and effect' (Duncan, Edwards and Alexander, 2010:20) by instead suggesting that their pregnancies were timely in the context of their histories and culture, and that the effect was to restore feelings of connection to others through new or strengthened attachments in ways that suggested a healing of the past. This then provides an insight into the processes that may be at work in drawing socially disadvantaged young women into motherhood.

While previous work has identified that there are positive aspects of teenage motherhood, there has been little theorising to suggest why there may be such perceived positive benefits, even when pregnancy was not

overtly pursued, that are specifically associated with this age group and don't get equally applied to all new mothers. This research addresses that gap, through narratives analysed both individually and collectively, to support the position that motherhood can be ameliorative for the lives of disadvantaged young women specifically because it gives them increased feelings of connectedness, and then locates this conceptually within feminist and attachment theory, thereby making theoretical sense of behaviour which does not always appear rational. While previous work has argued for early parenthood to be seen as a rational choice when for example considered alongside low paid work as an alternative, this research instead argues that the driving force of that choice is emotional, which is nevertheless rational in terms of the psychosocial importance of human relationships for well-being and self-identity, and intrinsically connected to the kinds of life experiences that accrue for those in positions of inequality within society.

Conclusion

This chapter has discussed the findings from an analysis of the individual and collective narratives of a specific sample of young women who had experience of early pregnancy. The findings were then synthesised to reveal new knowledge which described the meaning of pregnancy for the young women as that of temporal and restorative maternity.

The findings are commensurate with other qualitative research in this area that have been published during the lifetime of this study, although the interpretations of the findings here relate to the overall research question 'what is the meaning of pregnancy for young women?' By taking a narrative approach it was considered that the meaning would be revealed through the stories that were told, and that has been the basis for the interpretation. The narratives that participants provided were structured around childhood experiences and family relationships, and therefore that was seen as highly significant to the meaning of their

pregnancies for the young women. Examining those narratives revealed degrees of adversity experienced during childhood ranging from subtle to severe, at the most subtle level a reported lack of closeness with (usually) mothers, combined with the adversity of family breakdowns, bereavements and tensions and at the most severe level, family dysfunction, violence and abuse, all underpinned by socio-economic disadvantage.

The pregnancies described by the participants fell into two broad categories which reflected whether they had been planned or disorganised (a term to reflect that such pregnancies were not cognitively considered).

For those who had tried for a baby or discussed the possibility with a partner, pregnancy was clearly seen as a route to motherhood. For those who were not trying for a baby, it was almost as though becoming pregnant held a separate meaning from impending motherhood prior to or at the point of conception –that of eliciting a commitment, a reaction, a response from their partners of love and care. The lack of contraceptive use was referred to as ‘stupid’ by several participants. Those young women then had to make a decision about whether or not to continue their pregnancies.

One of the problems of findings based on the suggestion that all the participants had exposure to some degree of difficult life experiences is the danger of slipping into a ‘pathologisation’ of teenage pregnancy. Doesn’t this simply replicate previous studies that have focused on deviance, individual failings and psychiatric disturbance to support the position that teenage pregnancy arises from pathology and is therefore undesirable? There are two arguments to be made against this premise. The first point to make is that these narratives were the ones that emerged, for the most part spontaneously, in relation to participants being asked about their pregnancies. What had happened to the young women in school, within the home, on the street, in their bodies, in their relationships, was inextricably linked with their identity, with their self, and

this was in turn inextricably linked narratively to their pregnancy. It would seem disingenuous and counter-intuitive to ignore those experiences.

Secondly, it is important how information about adverse life events is processed, whether as a sign of social unacceptability or as an opportunity to understand how those experiences have created the context for the young women's lives and what impact they may have had. What is argued here is that the underlying impact that unites all those experiences, from the seemingly trivial to the severely abusive, is that whatever additional effects they may create they all at some level involve a loss of connection, and in attachment and self-in-relation terms that is a distressing position to be in. To be attached is as suggested by Bowlby an entirely normal and healthy desire throughout the lifespan and anything which disrupts attachments is detrimental to well-being. To lose connection is to lose the self, as suggested by Gilligan. For those living with socio-economic deprivation, the impact appears to be amplified. The most interesting aspect of early parenthood in terms of meaning therefore is how it serves to provide the impetus for young women to connect or reconnect, usually with their mothers, often to their partner and most obviously to their child. It was not a calculated process but a highly restorative one, and one that the young women were unwilling or unable to wait for.

This, then, is the suggested answer to the question of the meaning of pregnancy for the majority of young women in this study – the opportunity to be distanced from a difficult past and fast-forwarded into the future, with increased connectivity to others. This finding cannot wholly answer the original research question because it does not relate to all young women who become pregnant, in particular those who may see having a family early as an alternative vocation to paid employment, or those from more advantaged backgrounds, who were not represented in this study. It may also be a partial or incomplete meaning, because of limitations in the analysis or research design. However it is highly congruent with other research which explores teenage pregnancy from young mothers'

perspectives and adds further insight into their life experiences.

Furthermore, the meaning is contextualised through the sense-making 'whole' of the participant's narratives and contains an inherent degree of integrity as a result.

Chapter Ten

Drawing to a Close: Summary and Conclusion

Summary of Findings

This study set out to explore the meaning of pregnancy for young women under the age of eighteen, taking a narrative approach, and informed by a psychosocial perspective consider the narratives that emerged, particularly in the way that relationships that were referred to by participants. For this reason, a lightly structured interview method was selected to facilitate narratives and enable participants to decide what was relevant for them to include in their interviews.

What appeared within the interviews were stories about relationships within families and with partners, sometimes to the extent that pregnancy and motherhood narratives were marginalised. There were a high proportion of participants reporting experiences of emotional, physical and sexual abuse from their childhoods, along with stories of families where their own mothers and fathers were unable to parent, for example because of their own drug and alcohol issues, or because they were absent through death, family breakdown or being in prison. By constructing their pregnancy stories around family and partner narratives, participants indicated how these experiences were inextricably entwined, even if there appeared to be no conscious awareness of this. Considering these narratives collectively shaped an understanding of how the participants seemed to have been affected by their childhood experiences, leading to a conceptualising of early reproductive behaviour as a desire to form re-connections or attachments, thus enabling the process by which early adversity and early parenting come to be linked to be considered developmentally rather than pathologically.

This research set out to answer a central research question, which asked what the meaning of pregnancy was for young women who had experienced it. The narratives of a specific sample of twenty three young

women were analysed in relation to this question. What emerged were stories of family relationships and childhood experiences that shaped the young women's identities, and appeared to be relevant in explaining their accelerated pathways to relationships and motherhood. There was recognition by some participants that they wished that they had waited before having children, mostly because of the disadvantages that they saw for their children rather than themselves of being young parents. This was interpreted as them recognising that they had been in a rush to parenthood, and explored temporally in relation to the stress of living with deprivation and adversity. Additionally, motherhood was then identified as being largely restorative in relation to earlier experiences. These aspects of the participant's narratives were interpreted as containing the core of meaning that early pregnancy held for them. What was unexpected were the number of young women who identified violence and abuse as a feature of their lives, and although not linked to the research question the issue was theoretically linked to the research examining the relationship between abuse and early reproductive behaviour.

The findings are thus summarised as:

- 1) The emphasis in narratives on childhood experiences and family relationships
- 2) The rush to partnerships and motherhood implied within narratives
- 3) The experience of motherhood as restorative.
- 4) The high levels of violence and abuse participants experienced in childhood

These findings were then synthesised into one main finding, that of temporal and restorative maternity, to explain the meaning of pregnancy for young women.

Conclusion

This research has focused on the meaning of teenage pregnancy to young women who have experience of it, and has provided an answer to this question which is consistent with other qualitative research in this area, while extending the knowledge to consider the processes that link early childhood experiences with early reproductive decisions. To summarise, teenage pregnancy creates opportunities for connections which are missing or reduced in young women's lives, specifically connections with partners, family and a baby of their own.

Reproductive behaviour and motherhood were therefore highly meaningful for young women in the sample but the meaning that it holds for them is not obvious, or recognised, and does not accord with wider negative social constructions of teenage pregnancy. The notion of teenage pregnancy as restorative fails to be reflected in governmental policy which focuses on reduction through increased technical knowledge and increased aspirations regarding education. This entirely overlooks the developmental issues that are relevant to young women's lives, and in particular how many have benefited from early parenthood.

To consider a society where age is not considered problematical in relation to parenthood demands a stripping away of what constructs teenage pregnancy as undesirable. If it is concerns about 'ruination', the narratives of the young women in this study suggest that concern may be a little late. Additionally, the narratives suggest that it is actually having children which give some young women a future, for example by reducing the use of life-threatening quantities of drugs and alcohol. If it is concerns about child welfare, resources might be better spent on the drive to reduce levels of poverty which appears to have more influence on children's well-being than having a young mother.

The paths to pregnancy for young women who take risks in their reproductive behaviour appear multiple and complex, influenced by heterosexual and gendered cultural norms, as well as emotions and

relationships, and if as suggested here they are in some way partly connected to attachment systems, at least some of the paths may remain outside of the conscious awareness of those becoming pregnant. Further, the impetus towards pregnancy cannot always be considered as equalling a desire for a child, when the route to pregnancy is disorganised.

Those who find themselves pregnant and who make the decision to continue their pregnancy can find that motherhood is restorative, when their lives have followed a less than ideal trajectory. For those who plan their pregnancy from the outset, motherhood is a choice, for reasons no more or less valid than any other woman's decision to have children. In both cases, young mothers must negotiate around a highly stigmatised identity which is not helpful for them or their children. For those who have limited support, the emphasis should be on providing support for them in their parenting role in recognition of the difficult trajectories that may have brought them to parenthood. For those whose histories leave them struggling to enter supportive relationships, the need for additional assistance may be indicated.

Evaluating the Research

This study has questioned the meaning of early pregnancy for a small group of young women in order to understand why some may fail to use contraception while not planning to become pregnant. It used narrative interviews to obtain individual stories which were then interpreted individually and collectively, using Mauthner and Doucet's (1998) adaptation of the voice-centred relational method of analysis first developed by Brown and Gilligan (1992).

The assessment of the quality of qualitative research is a consideration for anyone undertaking such research, and self-evaluation can be an important part of that process. There are a number of guidelines which

may be used, and this research was considered in relation to two in particular that were developed, by Popay, Rogers and Williams (1998), and Boaz and Ashby (2002). Popay et al ask a series of questions that aim to address the different approach taken by qualitative research as opposed to quantitative research. These include whether the research illuminates the subjective meaning, actions and context of those being researched, which has hopefully been amply demonstrated within this research as comprising the main focus of the study; responsiveness to social context and flexibility of design, as evidenced by the changes made when those who had not continued their pregnancies could not be recruited to the study; and evidence of theoretical and conceptual adequacy when moving from description to analysis. Here, I would have liked my writing to be stronger while recognising the valid conceptual links that I have made.

Boaz and Ashby consider four dimensions of research quality, beginning with quality and transparency in report writing. One of the aims I had in mind throughout was that I wanted to be able, if necessary, to be able to explain the findings clearly and easily to those who participated in the research, and for those findings to be meaningful to them. I feel very confident that I could do this, and that my explanations would make sense to a lay audience. Secondly, Boaz and Ashby ask if the research is well-executed. The methodology has been explicitly described, although it is not possible to convey how well for example the interviews were carried out. The employment of a biographical narrative interview method supported the process of listening during the interviews, and where this worked well narratives became more reflective and went 'under the surface'. This, then, I would argue, provided much richer data.

The use of a voice-centred of analysis (Brown and Gilligan, 1992, Mauthner and Doucet, 1998) provided a helpful framework for undertaking four different readings of the narratives – firstly the emplotment of experiences, secondly reading for the voice of 'I', thirdly the description of relationships, and fourthly the social and cultural

context of participant's biographies. The methods of interview and analysis worked well together, although they are not theoretically linked.

At times the narratives contained difficult material and taking time to reflect on my emotional responses allowed me to acknowledge my own voice alongside the voices of the young women, indicative of the 'responsive relationship' that Brown and Gilligan refer to as developing when using this method. Thus, the circularity suggested by the voice-centred method is revealed: relational ontologies can only be ethically explored through a relational ontology within the interview process.

Observing the way that stories were constructed, as well as listening for the voice of 'I', enabled me to think about what the participants saw as relevant to their pregnancy narratives and the points at which they felt a sense of agency. Hearing them talk of their significant relationships, as well as their life experiences, illuminated the social and cultural aspects of their biographies. Those aspects could have been better related to the existing literature in this area (e.g. McRobbie, 1978, Petchesky, 1990, Geronimus, 2004, Holland et al, 2004, Higginbottom et al, 2006).

There were of course recognised methodological weaknesses in the study. Firstly, the recruitment of participants from the two group settings might have limited the diversity of the sample, meaning that those with more adverse histories were over-represented. Secondly, there was a large age gap between the interviewer and the young women, and differences in ethnicity between the interviewer and some participants, both of which may have affected the development of rapport, and the co-construction of the narratives within the interview (Cooper and Burnett, 2004) as well as the later interpretation of the narratives. Additionally most of the young women interviewed were white, with four black participants and two who had dual heritage. Although this is a more diverse sample than that reported by other qualitative research (Arai, 2003c, Cater and Coleman, 2006), this only equates to twenty five

percent of the sample being non-white, which was under-representative of the ethnic make-up of the London young mothers group.

Thirdly, as explored in chapter five the subjectivity of the interviewer, particularly in how that shaped the interviews by the questions that were asked and by following up on some emerging themes and not others, has to be considered in terms of possible bias.

Finally the difficulty of offering an analytical interpretation rather than findings that demonstrate a degree of measurement is just that: the strength of an interpretation cannot be measured and must be judged against how clearly the interpretations have been constructed and how plausible they are. One means of addressing this was to include sufficient original data in the shape of participant's narratives within the study, to support the interpretations offered. However the attempts to theoretically explore the possible overlap between attachments, adversity and early pregnancy were not robust due to the lack of an appropriate assessment tool within the interviews to measure the attachment styles of participants with any reliability. Further, it is likely that alternative explanations for the interpretations put forward have not been sufficiently explored (Patton, 1999).

Boaz and Ashby ask if the research approach match the defined purpose of the study. Undertaking narrative analysis, using a voice-centred method, was demonstrated to be a clearly appropriate method for the answering the central research question. Finally they ask if the research addresses 'important policy and practice questions in a way that is both useful and useable' (p.14). These questions are addressed in the following section, but the attempt has been to be as practical as possible while recognising that the findings imply a radical departure from current policy initiatives.

Policy and Future Research Implications

Wisdom and Realistic Expectations

The government's stance on teenage pregnancy is that choosing early parenthood reflects a combination of ignorance and low expectations. This embraces an assumption about what expectations young people should have about their life. From an alternative perspective early parenthood reflects beliefs about the importance of having relationships and a family, and therefore expresses values about self-in-relation than neo-liberal individualism.

The young women who were interviewed did not equate being a mother with a 'low' expectation of life: they identified strongly with their own mothers, respected the role of mothering and were determined to do the best that they could for their children, emotionally and materially. Where their circumstances didn't enable this to happen because they were left alone and financially unsupported, it was partly because they were reliant on a benefits system which kept them living below the poverty line. This was neither a choice nor an expectation. With the right support, most of the young women could find the benefits of parenthood even if their situations were far from ideal, and were determined to do the best for their children that they could.

Reproducing Stigma

Underlying the moral panic about teenage pregnancy as an 'epidemic' in the UK is the idea that there are families and communities in which early parenting is seen as 'normal' and 'acceptable'. The narratives did not support this view. Participants told of mothers who reacted to news of their daughter's pregnancy with anger - "hitting the roof", kicking them out

onto the streets – or with concern, knowing from experience the hard life of a young mother, encouraging their daughters to think about abortion.

In terms of ‘teenage pregnancy’ communities, two participants talked about not knowing any other young mothers at the time they became pregnant, and one talked about girls being spat on at school for continuing their pregnancies. In the wider community, one participant reported experiences of having unpleasant comments during pregnancy and while pushing a pram, from schoolchildren and an older person; and being heckled was also commented on during the focus group discussions.

There was however support observed for young mothers from locals in the community cafe on a ‘notorious’ housing estate where a large percentage of pregnant teenagers are housed, on the day that the press had descended looking for young mothers to interview following a national story about a thirteen year old fathering a child (not the case, as it later emerged). The locals were very aware of a wholly negative press in relation to young mothers and the underhand journalistic tactics used to obtain stories.

Parents First

Given the above it would seem therefore that far from an acceptance of teenage pregnancy fuelling increased numbers, the government’s focus on reducing the rates of teenage pregnancy continues to propagate a stigmatised identity for young mothers that legitimises the behaviour of the press and the public hostility that some encounter. This suggests that a change of focus away from reduction to policies aimed at recognising young parents as ‘parents first’, considering the welfare of mothers and their children as paramount and supporting young mothers in the difficult and important task of parenting, rather than encouraging them into education and training for non-available jobs, might be a better use of

resources and a more helpful and less stigmatising approach that will ultimately benefit their children far more. The reasons young women disengage from the educational system need to be addressed long before they become pregnant. More generally, the overwhelming association between maternal stress, parental sensitivity, and structural inequality and poverty requires an urgent rethinking of benefit levels paid to young parents.

Helping 'Poor Girls' Make Better Choices

Emotionally driven behaviour does not always make sense or respond to 'sensible' interventions. If preventative interventions need to be considered, social policies should address the developmental origins of early reproductive behaviour arising from poverty, abuse and adversity, by restructuring their focus away from technical and educational solutions towards providing appropriate programmes of psychotherapeutic support for young women in most need which pay close attention to experiences of earlier attachments (e.g. Howe, 2005: 265 – 271). Such work would therefore have the effect of meeting young women's attachment needs in positive and helpful ways. Erdmans and Black suggest that counselling for those who have been abused can result in a reduction in repression and misplaced anger that leads to self-destructive and damaging behaviour and increase self-efficacy and power, which may reduce teenage pregnancy rates as a result and ensure that those who do go on to parent are better equipped to do so. Individual work of this nature requires a high level of resourcing. Groups for young women in deprived areas can be an effective way of exploring issues related to 'gender and sexual socialisation', as Musick (1993) describes which is less demanding on resources.

On a slightly different note, there should also be a national media campaign to change the perception that for women carrying contraception is taboo, fronted by those in the public eye who act as role models for

young women. This message should also be carried through in SRE lessons in school and in sexual health settings. This does of course need to be negotiated around current legislation regarding the advertising of contraception, and requires confronting the more repressive attitudes towards adolescent female sexuality within society. Efforts need to continue to improve sexual health services for all young people.

Most obviously, the main emphasis within social policy should be towards eradicating deprivation. While the government appears committed to reducing levels of child poverty in the UK, it makes no sense to stigmatise those who have been affected by poverty as they reach adolescence and make choices about parenthood on the basis of their experience.

Further Research

In terms of further research, the striking levels of abuse reported by the participants of this study suggest there is clearly a need to learn more about what young women experience in their childhood and adolescence, and how that impacts on them and their reproductive choices. This links to the need for further research on the relationship between childhood adversity, attachments and teenage pregnancy to establish more robustly whether there is a link between attachment style and early reproductive behaviour. Leading on from this there is also a need to look at what is needed to address young women's developmental needs in relation to reproductive behaviour research, and to identifying the mechanisms that strengthen the abilities of all young women in deprived communities to see themselves as having choice and control about when and with whom they parent, rather than research focusing on reduction in teenage pregnancy rates. What, for example, is the difference between young women who grow up in adverse circumstances and don't go on to early pregnancy, and those who do. Finally, future research on teenage pregnancy should actively consider how to include young women who have not continued their pregnancies, as they account for around half of

all teenage pregnancies and their experiences are currently largely unrepresented.

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Legislation

Childcare Act 2006

Children Act 2004

Education Act 1996

Family Reform Act 1987

Housing Act 1996

Learning and Skills Act 2000

Legitimacy Act 1974

Local Government Act 2000

Sexual Offences Act 2003

Appendix 1

Focus Group Guide

1) If you were being interviewed, say for a news programme, how would you answer the question 'Why do young people get pregnant?'

Is there a better question that could be asked? (e.g. Do we really need to know why?)

2) If I was interviewing a young person who had ever been pregnant, what questions if any should I ask about their behaviour, you know the sorts of things they were doing, at that time?

What about their feelings - is it important to know how they were feeling at that time?

Anything I shouldn't ask?

What about their experiences - what would it be helpful to ask about?

Anything else I should ask about that might not necessarily be that obvious?

3) What sort of attitudes do you come across about being a young parent? Where do they come from?

Do they affect you (e.g. the amount of help and support you get, how you feel about yourself)?

Do attitudes need to change? How could that happen?

4) What do you think about young people getting involved in research about them?

What are the advantages of that? What about the disadvantages?

How could it be done well? (involving young people in different stages, getting their voices heard, them getting recognition for their contribution).

Appendix 2

Individual Interview Schedule

Could you tell me whatever you would like to tell me about your pregnancy, starting wherever you like.

Probes: where living, what doing, important relationships at that time, how viewed self.

Thinking back to your pregnancy, is there one specific incident, you know an example or a story that shows what it was like for you at that time?

Emerging themes to go back to at end of their story:

(E.g. relationships with family, friends, partner; living/work/school/study; aspirations/hopes/expectations; love and romance; sexuality; decision making; pregnancy/motherhood; support; social life; feelings such as joy, guilt, shame, embarrassment; contraception)

Using interviewee's terms, ask about the themes they have raised.... You talked about xyz, could you give me another example or story about that?

Thanks very much for sharing your story. I have some questions now to ask you:

1) If you could change your story, how would you? How do you feel about the way things have 'turned out'?

2) Who did you feel closest to before your pregnancy? Has that changed? Who gives you the most support? What about your family?

3) If you were in charge of sex education in schools, what would you want to change?

4) Thinking about your relationships, what do you look for in a partner? How much do you agree or disagree that the following three statements describe your experiences in relationships:

I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.

I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me.

I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away.

(taken from the Revised Hazan and Shaver (1987) Three-Category Measure)

Appendix 3

Information Sheet

Research into Teenage Pregnancy

You are invited to take part in a research study. This information sheet is intended to inform you why the research is being done and what it will involve. Take your time to read it and talk about it with others if you wish. Please ask me if anything is unclear or there is anything else you wish to know. Take your time to decide if you want to take part or not.

About the Research

Opinions about teenage pregnancy are often based on a lack of knowledge about the lives of those young women who really know what it's like – those who have been pregnant before the age of eighteen.

Everybody's situation is different, but it's hoped that by hearing the stories of lots of young women who have been in this position, and thinking about what they say, I can produce a research report that helps to explain and understand young women's experiences.

That is why I would like to interview young people who have been pregnant, whatever the outcome, to find out their stories. I hope to interview about twenty young women. The research that I am doing is in order to complete a higher degree and will be completed in two years.

What will Happen?

The interviews will be held in private, and each session will last for up to one hour. I will find a time and place to meet that is convenient for you. In the first part of the interview you will be asked to tell your story. The second part of the interview will be a chance for me to ask questions

about what you have said, and also ask some additional questions. There will be a chance for you to say anything you think is important or that you forgot to say while telling your story.

If you agree, the interview will be taped. The tape will be typed out so that I can study it, and it will only be heard by myself and the person who will type it unless you object. If you wish, you can have a copy of what is typed.

What comes out of the interviews will be confidential in that no-one else will be able to know your name, or be able to identify you from the research study. You don't have to talk about anything that you don't want to. At the end of the interview you will be asked some brief questions about your relationships. I will not ask anything personal, but again, you do not have to answer if you don't want to.

I will also ask you if you would be interested in hearing the outcome of my research when it is finished, and if so, how you would like that to happen – e.g. by phone, letter or meeting.

All those who are interviewed will receive a £10 payment towards travel or other costs.

It is up to you to decide whether or not to take part. If you decide that you want to take part, you will be asked to sign a consent form. You can still change your mind at any time, to not be interviewed, without giving any reason.

If you think you would be interested, or would like any further information, you can ring or text me on 00000 000000

Thank you

Sue Middleton
Research student

Appendix 4

Research Profiles

Interview 1

London: 'Abby'

Aged nineteen, Abby described herself as having learning disabilities due to having been born with microencephaly. She confided a history of sexual and physical abuse by her stepfather from the age of eight, a man who Abby had grown up thinking was her natural father and who she was also expected to be a carer to, due to his disabilities. Her abuse was finally picked up by a police child protection officer who interviewed Abby after she ran away from home, aged seventeen. As a result of the police inquiry her stepfather committed suicide. Abby described going through a period of using drugs, promiscuity and getting into trouble with the police during her adolescence.

Her son, reported to be the result of rape by her ex-boyfriend, was two years old at the time of the interview. Abby's situation was complicated by the fact that at the time of becoming pregnant she had been in a relationship with someone who she did not tell about the rape, and who was then registered as her baby's father. He became suspicious at the appearance of the child (light skin, blue eyes) and demanded a DNA test, which showed that the baby was not his. Although at that time still in a relationship with him, Abby felt that things were difficult.

Interview 2

London: 'Becky'

Becky was seventeen at the time of our meeting: she had become pregnant at the age of fifteen while still at school. At the time she had been in an eighteen month relationship and agreed with her partner (then aged eighteen) to continue the pregnancy. He then left when their daughter was six weeks old, although they tried to resume the relationship when the baby was eighteen months old. Becky described how this hadn't worked out, it was "quite violent" although they remained friends and he played a part in their daughter's life, that she loved him although was not in love with him.

Becky and her younger brother lived at her mother's home but her mum was only there one night a week, spending most of her time with a new partner in another borough. This arrangement suited Becky very well. Becky's father also lived in a neighbouring borough and had remarried, with a son only two months older than Becky's daughter. Becky described how although this limited the support she got from her parents, 'anything they could do, they would'. She also made the comment that her dad was 'doing a good job of being a dad for the second time around'.

Becky observed that from the fifty girls in her school year, eleven had either had babies or were pregnant. She felt that it was 'not nice' that 'children' of fourteen and fifteen were having sex, although ironically she herself was having sex at fourteen and had rarely used contraception. She had discussed this lack of contraception use with one close friend who also became pregnant, and they talked about the reasons for this being how boys prefer sex without condoms and being in love meant that it didn't matter if you became pregnant.

Interview 3

Shire town: 'Caitlin'

Caitlin was eighteen and had a son aged almost two. Caitlin had been placed in foster care aged 15, after phoning Childline due to difficulties at home (she described being leaned on by her mother, having to care for her younger brother, and her mother kicking her out one night, leaving her with nowhere to go). She described foster care as 'really good, enjoyed it so much', 'it just felt like a proper family'. Caitlin returned home from foster care when she was sixteen, to an empty house – her mother having gone away for the weekend – went out and got drunk, having sex with an ex-boyfriend which resulted in pregnancy. Caitlin told her mother, who called her a string of names and told her to get an abortion or get out – a situation which had happened to Caitlin's older sister previously. Caitlin chose not to have an abortion and was housed by the council during her pregnancy, in a one-bedroomed flat. At the time of the interview she had been there for over two years and was finding the lack of space difficult.

Caitlin reported having had counselling and psychotherapy through social services, having felt really bad when her son was born, depressed and attempting suicide twice, but now almost two years later she felt she was coping much better and building a relationship again with her mother. Her son, now almost two, had no relationship with his father, who had questioned his paternity but 'couldn't be bothered' to have the DNA test that Caitlin had organised.

Caitlin said that her son saw her new boyfriend as his dad, she had met him while her son was in "voluntary" foster care as a baby because of the difficulties that she had been having. Her son was returned to her care just before his first birthday. One year after the interview, Caitlin was expecting a second baby and still involved with the Young Families group.

Interview 4

Shire town: 'Dee'

Dee discovered that she was pregnant on her seventeenth birthday, three months into a new relationship. She had known her partner 'all her life' but they didn't start a relationship until they began working together. Dee's son was five months old, and the relationship appeared to be going well, with her partner attending the young families meetings with her and very involved in their son's care.

Dee had previously been in a four-and-a-half year relationship which she had been glad to get away from – she described her previous boyfriend as controlling and brainwashing and said the relationship with him had not been very nice. She had met him aged twelve, and he was nineteen, meaning there was a seven year age gap. He had cheated on her, and there had also been violence, with black eyes and hitting 'behind closed doors' while he appeared to be very loving in public.

Dee disclosed that this boyfriend had cheated on her with her own sister. This was the sister who Dee said had been 'destroyed' by sexual abuse by their natural father as a baby, and who Dee feels as a result now engages in highly risky sexual behaviour, going home with strangers she meets at clubs and having unprotected sex several nights a week. This sister was also pregnant at fourteen as a result of a rape - a reputation of being 'easy' meant that her 'no' was ignored - and she went on to have an abortion. Dee has a second, older sister who was also abused by their father but who had 'changed for the best': settling into a long-term relationship and recently getting engaged.

Interview 5

London: 'Elise'

Elise had become pregnant at the age of fifteen with her son, now aged two. She first told her father, who was disappointed, and then her mother found out and 'hit the roof'. Elise discussed her options with friends, her son's dad and her sister and decided to continue with her pregnancy.

Elise also continued at school, wearing baggy clothes, in order to complete her exams. She described feeling like the only pregnant teenager in the world until she found her local young mum's group when she was seven months pregnant.

Elise described how much she was enjoying being a mum, how much support she got from her family, being allowed to be 'just eighteen' at times, although it had been difficult that she was no longer in a relationship with her son's father, and he didn't really accept any responsibility or offer any help. She felt that the family's religion had helped her to make the right decision for herself, although it had taken a month of really thinking about it to know that this was the right decision. Her father, to whom she was closest and who had wanted her to have a termination, didn't speak to her until the day before her son was born, but now adores his grandson and they are close again.

Elise had decided to move out of the family home when her son was four months old, and took a year out of studying to be with her son. She is now permanently housed and in a new relationship, as well as studying Art and Design. After the interview had ended, Elise briefly mentioned that she had found her mum quite difficult which was why she had decided to move out when her baby was so young, but this had obviously helped them to develop a better relationship that she now enjoys.

Interview 6

London: 'Fay'

Fay had been a student, attending a full-time hairdressing course. She had switched colleges for her second year, and there had been a mix-up over her enrolment, meaning that the course was over-subscribed and she was forced to take a year out. She had become pregnant during the year out, aged seventeen. Her thoughts were that she became pregnant because she hadn't kept busy and just stayed at home with her boyfriend during that year out.

Fay now had a daughter aged six and a half months, and was living in a mother and baby unit which she described as "not nice". Fay was rather vague about why she had moved out of home, just saying that it got awkward and that she had got two older brothers so there wasn't really room. She moved to get her own place "which I still haven't got yet".

Fay had split up with her baby's father a few weeks previously, complaining that it was like having two children with him around, although he does now take the baby for a few days a fortnight with help from his family. Fay did not feel that her relationship with her mother had improved after she had moved out, although her mother was still her main support. After her mother hadn't seen her for a while 'she'd try and be a bit nice but....yeah!' Fay could not consider starting a new relationship, feeling it was too much hassle and better to stay single.

Interview 7

Shire town: 'Grace'

Grace became pregnant with her daughter, aged two at the time of interview, one month after her fifteenth birthday. She had been in a relationship for two months but described how both she and her boyfriend, who was aged fourteen at the time, were really happy at the

prospect of a baby. However pressure from both their families meant that Grace initially went to have a consultation for an abortion before deciding to go against the family and continue with the pregnancy. Grace had had a baby brother who had died of cot death, and Grace's mum had always thought it was because he had been born two weeks past his due date. This had made Grace very anxious that her baby shouldn't be late, and led to her decision to be induced. As a result she had a difficult and prolonged labour followed by a caesarean birth. She was initially disappointed that her baby was a girl, as she had wanted a boy.

Grace found she had very little confidence with her baby, "I couldn't even put her coat on", but with support from her mum and sister and the young families group she gradually gained in confidence and formed a strong bond with her daughter. At this point, Grace split up with her baby's father due to constant arguing.

At the time of interview, Grace was still living at home, but with support from her Connexions worker had decided to put her name on the housing list. She also declared her goal to train to do youth work and get off benefits. One year on from the interview, although a very shy and quietly spoken young woman, Grace has recently taken over running one of the young families groups and agreed to speak at a Young People's conference about being a young mother, as well as giving talks at several schools on the same topic. She had recently moved to a two-bedroomed flat and started new relationship.

Interview 8

Shire town: 'Hilary'

Hilary became pregnant at the age of seventeen, while working in a burger bar, and although her parents "went nuts.... I was adamant I was keeping her". At the time she was living with her father and stepmother, they asked her to move out so she ended up at her mother's house – her

mother was having a difficult time as she herself had just had a new baby, her partner had just left her two days after giving birth, and she was also caring for Hilary's grandfather, who died shortly before Hilary's baby was born.

At this time Hilary's partner had just had his home repossessed so he moved in with Hilary and her mother. He had recently come off drugs and was in Hilary's words 'a bit moody', making things rather stressful at first. At the time of the interview Hilary had also had a second baby who was a few months old, and who had been born premature and been in a special care baby unit. Her first child had only just turned one at the time of his birth. Hilary had been in hospital before going into labour prematurely, leaving her partner to care for their baby daughter and with no transport to get to the hospital Hilary had been taken to, which was a long and difficult cross-country journey away.

Hilary described how there was a large age gap between her and her partner, fourteen years, and that when she met him at a party he had just lost his home, his job, he was on drugs, he had a criminal record and he had just come out of a difficult relationship. In her words they didn't actually start having a relationship until she told him she was pregnant, six months after meeting him. That was the incentive for him to come off drugs and stop getting into trouble. They now have a two-bedroomed flat, and her partner's nine year old son from his previous relationship lives with them, although the son has 'severe ADHD' and was "extremely violent with me when I was pregnant (with her second child)".

Interview 9

Shire town: 'Isabelle'

Isabelle was working in a call centre answering calls about double glazing, having just turned seventeen, when she was invited back to someone's house after meeting him on the street – and in her words 'I

never sort of left really'. She had become pregnant within two months, although her partner ended up being in prison for most of her pregnancy and was not with her when her daughter was born, having gone out drinking. Isabelle commented that 'I only seem to fall for the bad type' although ironically after coming out of prison her partner 'calmed down' his criminal activities only for Isabelle to find that "there was nothing there" between them and that "he's got no ambition in his life". They have now split up although they went on to have a second baby together, as Isabelle hoped this might bring them closer together.

On becoming pregnant Isabelle was thrown out by her mum, and after a brief stay in a bed and breakfast hostel was given a council flat. Her mum 'made friends' with her two months before her baby was born but Isabelle described going through seven months of pregnancy "on my own – with nobody".

Isabelle described herself as having been a bit of a tearaway when she was younger, "I used to drink and do what I wanted; and stay out all night" and as a result didn't get on with her mum. Since having her children, Isabelle has stopped drinking and now finds it much harder to relate to men without the confidence that alcohol gave her. She had been sexually active from the age of fourteen without using contraception, saying "most of the time it was a drunken thing and just a case of worry about it the next morning". Isabelle felt that if anyone showed an interest in her she would "just sort of stay with" them. Her thoughts for the future were to go to college and get a decent job.

Interview 10

Shire town: 'Jade'

Jade, aged eighteen, had been in a relationship for six months when she discovered she was expecting twins, shortly after her seventeenth birthday. She had been unemployed at the time. On the news of her

pregnancy, her partner (aged nineteen) seemed to lose interest in her and in her words “he’d start pushing me around. It was such ahard time.” Jade described him as jealous, controlling and obsessive, and reported that he had hit her “again” after the twins had been born. She felt that he wasn’t ready for the responsibility of parenthood, despite the fact that he was already the father of twins aged two and a half with an ex-partner. Although her partner was there for the twin’s birth, the relationship ended when they were nine months old , and he didn’t attend their first birthday party.

Jade was living at home with her mum and brother, her father had died of cancer when she was ten. Jade had the box room which she shared with both her twins, now aged fifteen months - her older brother had a bigger bedroom but would not give it up for her. Jade was waiting for housing from the council, but currently did not have enough points, presumably because she lived in the family home.

Jade absolutely loved being a mum despite the cramped living conditions. She got a lot of support from her mother with childcare, and support from her friends in the young families group.

Interview 11

Shire town: Keira

Keira was seventeen, with an eight month old daughter, living in private rented accommodation (an extremely small one-bedroomed flat). Keira had grown up in London, within a family where her, her brother and sisters, and mother had all suffered physical abuse at the hands of her father. When the marriage ended, Keira had moved with her mother and brother to a small town just outside London.

Keira reported that she had gone into foster care at the age of fourteen but had returned home, she didn’t know why she had been placed in care

or why it had been ended. At around the same time, Keira was expelled from school for beating up and swearing at teachers: "I got kicked out and I found alcohol and drugs". Keira said that she was always going missing from home, that she would "go out on the street – find boys; everything." She described herself as an alcoholic and cocaine addict at the time she discovered she was pregnant, just after her sixteenth birthday. She had met her partner at a club and they had a three month relationship before he was sent to prison for eight months. On his release, he tracked her down and they resumed a relationship. Within two months she was pregnant, according to Keira as a result of him deliberately getting her "stoned and pissed" in order to have unprotected sex with her. At this time, he already had two children with two previous girlfriends. On discovering she was pregnant, Keira gave up drugs and alcohol which caused tension between her and her partner, who apparently wanted her to continue using.

Keira had her daughter by caesarean section, and her partner disappeared two days afterward and didn't reappear for another three weeks. At that time, Keira was living at home with her mum but one month after having her daughter, Keira had been kicked out of her mum's house; she then moved to her partner's family's house before being kicked out of there; she then moved to her sister's house and was kicked out of there. She stayed with a friend for two weeks, before going into bed and breakfast accommodation for a month, and then being housed by social services in a town fifteen miles from where her mother lived. Keira was unable to account for why she had been kicked out of people's houses so often.

Keira had found it very difficult moving to a strange area with a small baby on her own, too far from her mum to get help. She was no longer in a relationship with her partner, who had now met someone else and was planning to have a child with them. Keira did have a Homestart volunteer who worked with her and linked her in to services within a local children's centre. Otherwise she appeared to feel unsupported and without friends.

Interview 12

Shire town: 'Lisa'

Lisa, aged seventeen, was sixteen weeks pregnant at the time of our interview. She had been in a relationship for a year and living with her boyfriend, but since discovering she was pregnant her boyfriend has moved back home in order to find work, and she had moved back to supported lodgings to be nearer her mother. The pregnancy was unplanned, in that Lisa had been on the pill but forgotten to take it regularly, and although it had been a surprise they were both happy with the situation.

Lisa was determined to provide for her child, and didn't want to be reliant on others or on benefits, but recognised that she would be unlikely to find work at present. She described how before her pregnancy she had been thinking about college courses, having left school without qualifications. Lisa had moved into the area as a schoolgirl with her mother, and been bullied quite badly as an outsider in her new school. She was moved to another school who asked her to leave when she refused to see a drugs counsellor. Lisa said that the school had thought she was on drugs because she had gone in very happy one day. She then attended a unit for excluded pupils which she loved, because of the relaxed and informal structure. Lisa explained that she was due to meet with a Connexions advisor the following week, to think about possible courses to attend after having the baby.

Lisa described how she had been put into care by her mother at the age of fourteen, because they hadn't been getting along and she had been "stressing her mother out". Her mother asked her to leave, and she ended up staying at a friend's house for three months. Her friend's mother then contacted social services who moved Lisa at very short notice to foster carers. At sixteen Lisa was moved into supported lodgings and then went to live with her boyfriend's family. However she didn't get on with her boyfriend's mother, who when they had first met had apparently asked

her to have a baby for her, as a surrogate mother. Lisa could not understand this, as the mother had had five children of her own and now had eleven grandchildren as well. Lisa decided not to continue living there and moved back to supported lodgings where she was currently living.

Lisa had an older sister who had become pregnant at sixteen – she had now got two children who Lisa was helping her mum look after, as the sister had been in a psychiatric unit for the last month.

Interview 13

Shire town: 'Mia'

Mia was aged nineteen with a two year old daughter, in a long term relationship and living with her partner in a two-bedroomed council flat. She was keen to point out that her partner worked and she was working part time, feeling that there was an assumption that young parents do not work.

Mia had been told at a young age that there was a chance she would not be able to have children due to a medical condition. She had decided that she didn't want children anyway and wanted to foster or adopt children who had been cruelly treated and who hadn't had the best start in life, when she was older. Despite the possibility of infertility she had still been using contraception so it was a shock to discover she was pregnant. At that point, she had been in a relationship for eleven months and her partner was 'chuffed' about the pregnancy.

At the time Mia had been living at home with her dad, and she and her partner took him to the pub to tell him their news. Mia and her younger sister had been brought up by their dad from the age of five, and at that time she didn't really have a relationship with her mum, although that has improved since having her daughter. When her pregnancy started to

show Mia described getting slagged off by kids in the street “ever heard of the pill?” and people talking about her in a hospital waiting room “she’s only thirteen!” because she was very petite and looked much younger than her age.

Mia had an extremely good delivery – half an hour’s labour and no pain relief – but described feeling anxious at taking a small baby home, worried about looking after her. Three days after the birth, Mia was pushing her in her pram when a woman started verbally abusing her, and she also got comments from strangers when she went down the town. This has left her feeling angry at the prejudice facing young mothers.

Interview 14

Shire town: ‘Natalie’

Natalie was aged seventeen and with a twenty month old son. She had become pregnant aged fifteen while at school, during the school summer holidays, after meeting someone through a friend while walking down the street – “he hooted his horn and that’s how we met”. Natalie still lived at home with her mother and stepfather but they were finding it difficult having a toddler around and had retreated to living in their bedroom, so Natalie was in the process of applying for housing.

Natalie described her parents as heroin addicts, they had moved to the area from another part of the country after Natalie’s mother had served a one year prison sentence for supplying, during which time Natalie and her brother had lived with their stepfather’s family. Natalie’s real father was currently in prison abroad. The family had moved to new area to make a fresh start, and for the parents to get off drugs, which they had done. There was also a hint that the move might also have been to avoid the children being taken into care. During their parent’s years of using, life for the children had been quite difficult, e.g. people coming round the house to kill her stepfather, her mother attacking her stepfather with a knife.

Natalie described how these difficulties had led her to self-harm, which was why she was receiving counselling while at school and at the time she became pregnant. Natalie also described herself as a horrible teenager, sneaking out of the house at 2 a.m. and going drinking, not respecting her parents.

On being told by the school of Natalie's pregnancy, her mum had wanted her to have an abortion, but Natalie had refused. Natalie continued at school and completed four GCSE's, she had been in line to take more but found studying difficult while pregnant due to tiredness. Natalie described her relationship with her son's father as a difficult one: he was eight years older than her and already had three children by two previous partners. He had been very controlling during the time they were together, not letting her wear makeup, see friends and so on. After her son was born, her partner questioned whether the child was his because of his hair and eye colour. Natalie reported how the last time she saw him, he threatened to harm her and her son, and they haven't seen him since. Natalie is now in a new relationship with someone who appears to be somewhat unreliable, not keeping in contact with her, and who is also currently on a curfew.

Interview 15

Shire town: 'Paula'

Paula was eighteen, with a five month old son, living in a council flat with her partner who worked long hours at a cafe. Her baby had been a planned pregnancy – she had started trying for a baby straight away when she met her partner. Paula was struggling to cope, not sleeping at night, but reluctant to go and see her GP for a referral to a counsellor.

Paula had lived with a violent stepfather who had put her in hospital aged nine after smashing her head against a banister. Paula and her younger brother had lived in fear of their stepfather's violent temper. She

described how when her mother married him, when she was eleven, the wedding photos show everybody except her and her brother smiling. Eventually she had run away from home to stay on her older sister's sofa, in a town several miles from home. She was then placed in bed and breakfast accommodation "in the middle of nowhere", one used mostly by truckers. She was then attacked by one of the other guests, who had mental health problems.

At some time during this period her stepfather left her mother for the fifteen year old babysitter. He was living near a friend of Paula's, and she described in detail a vicious and prolonged assault that took place when the stepfather spotted her coming out of her friend's flat late one night. Paula was beaten, kicked, strangled and had a heavy bunch of keys slammed into her face. Paula described her feelings of relief as her brother, alerted on his mobile, came to her rescue only to get beaten to the ground as well. Paula had vague recollections of the police arriving and being taken to hospital. The stepfather was somehow acquitted in court, leaving Paula to comment that she would get justice one day as "what goes around comes around".

Paula described how during her pregnancy she had begun to physically assault her boyfriend, and that on the last occasion, as they argued over putting the cot together, he had retaliated. Since the birth of her son, Paula felt that she was left to do everything at home as her boyfriend worked long hours, that for example he would leave the sink dirty after washing so she was embarrassed to have visitors round. Paula spent most of the time at the cafe with her baby and saw her mother one day a week. Her mother had recently avoided a prison sentence after being convicted of drug dealing.

Interview 16

London: 'Rachel'

Rachel, aged eighteen and an only child, lived at home with her widowed mother and her two and a half month old daughter although she was just about to move into a flat with her fiancée. Rachel's father had died suddenly and unexpectedly five years previously, her and her mother were abroad on holiday and had to make a dash back to England and to the hospital. Rachel had been so upset at the care her dying father received that she refused to give birth in hospital, despite being told that she was at high risk due to her high body mass index. In the end Rachel got her own way and had a very successful home birth on New Year's Eve.

Rachel had met her partner through the internet, and explained that he was very different from her previous boyfriends who had used her e.g. expecting her to pay for them. Her last boyfriend had thought she was a "nutter". When asked why her fiancée was so different she said that he wasn't traditionally good looking but he was polite, respectful, treated her like a lady and they shared a similar sense of humour.

Rachel's interview had been carried out at her home, her mother was around and popping in and out of the room, Rachel had been worried that her mum might dominate proceedings due to her outgoing and talkative personality, and she did initiate the discussion about her husband's death, which had clearly impacted on them both. At the end of the interview Rachel's fiancée Patrick arrived, and so I had met the whole family by the time I left. Mum was keen to let me know that she had not been a 'young mum', that she had built up a career and waited until she was in her thirties before having a child, although this was in no way a criticism of her daughter's actions, as "she knows what she wants".

Interview 17

London: 'Shanti'

Shanti, who had just turned eighteen, lived with her two and a half month old son in a housing association flat which was reached via five half-flights of stairs, with no lift. According to Shanti, "I had a very stressful and depressing pregnancy". Her partner left her when she was three months pregnant, returning to his home country, as he wanted to continue his education there and didn't want to take responsibility for the baby.

Shanti found it very difficult to cope alone - "I was always seeing doctors and psychiatrists" who were concerned for her well-being as she had a history of taking overdoses "and that's why I've got to be involved with social services now". At the time of her pregnancy, Shanti was at college and also working part time. She continued her studies until the ninth month of her pregnancy. She was determined to have "the best" for her son and saw getting qualifications was her way of achieving that. She intended to return to her studies as soon as she could.

Shanti had a good relationship with her dad and brothers and sister, but not with her mum, who was with a new partner. Shanti hadn't actually spoken to her mother since her son was born, although she did take the baby to visit her, handing him over to her sister outside the house. Shanti said that she wasn't allowed in, that her mother had been "a cow".

Shanti's's sister had also just had a baby, who was now three weeks old.

Shanti spent her pregnancy sofa-surfing at friend's flats, before being housed by social services in a borough some distance from where she came from. Shanti had been unable to live with her dad as he had been in prison at the time, having a long history of offending and jail sentences. Shanti's explanation for why she didn't get on with her mother were that her mum had let certain things happen to her when she was younger, and also that she was the middle child, and middle children get treated the

worst. Despite this, Shanti had her mum and her sister with her at her son's birth.

Since having her baby, Shanti still misses her partner but feels besotted with her little boy. She has recently changed her son's name to reflect his cultural heritage, having originally allowed him to be registered with the name that her mother chose for him.

Interview 18

London: 'Tania'

Tania was eighteen and living with her boyfriend in a one-bedroomed council flat, although just about to move to a new much roomier flat that she was absolutely thrilled with. Tania's daughter was eight months old. Tania described how she had been through a difficult childhood, with a mother who had "a lot of crazy relationships" and who treated her as a slave or someone to talk to when she felt like it.

Tania wondered if this was because her mum resented her because had lost a baby boy before Tania was born. Tania also had a lazy eye which meant that she got bullied a lot, and her mother had the same condition which made Tania feel that she couldn't talk to her about it. Tania described how she couldn't remember her real dad at home but she did remember listening to arguments and hearing ashtrays being thrown by her mother, that her mother was violent towards her father, that her mum used to hit her dad although he "never laid a finger on her".

Her dad was thrown out and along came her stepdad. Tania described how her stepdad would like a drink to stay mellow but her mother would just "get to him", provoke him and refuse to let him leave, it would end up in a fight and "it gets really, really bad". On one occasion, after hiding upstairs with her younger brother and sister, trying to comfort them during a violent fight, Tania was devastated to be handed her pet mice by her

mother, one dead and one alive, after their cage had been crushed while the house was being trashed. Her stepdad and her mother had then both left the house leaving her to clear up the mess and look after her younger brother and sister.

Tania had been extremely close to her nan, who died when she was almost twelve, leaving her feeling that she had no one, as her nan used to protect her from her mother. Tania related how her real father had become a heavy drinker, she and her younger brother had gone to stay with him after her nan died, for some reason they all stayed over at his friend's flat and the friend sexually assaulted her during the night. Although she told her father she was disgusted that he later resumed his friendship with this man.

At the age of sixteen Tania joined an on-line friendship network, and met someone from a very different background from her own. Their relationship soon became serious, and they became engaged. Neither had been in a sexual relationship with anyone else. When he realised that she was being hit by her mother, her boyfriend took her to live with him and his widowed father. They had discussed having a baby, although not seriously, before Tania discovered she was pregnant a year after they had met.

Interview 19

London: 'Vicky'

Vicky was eighteen and lived in a two –bedroomed privately rented house, obtained through the council, with her eight month-old son. She had been in a relationship for three and a half years before deciding to have a baby and then it had taken her six months to become pregnant. Although her son's father was still around, they were no longer really 'together'. Vicky put this down to the fact that he hadn't really appreciated the responsibility that having a child entailed, and the reality was different

to the fantasy – he had not wanted to give up his freedom. Vicky described him as wanting to go out and have fun and then come home to his family, which was basically what he was now doing. Vicky hadn't planned to be a single parent but felt that she was "more than enough" for her son.

Vicky had enjoyed her pregnancy, during which she felt well-looked after by her boyfriend and her family. Vicky's father lived abroad with her younger sister, and her mother and older brothers lived in another borough. Vicky described moving between her brother's house, her mother's house, the house she shared with her partner and a friend's house during her pregnancy. She also related how it took her the whole of her pregnancy to fight to be re-housed somewhere that she considered suitable for her child to grow up in, as she did not feel at that time the area she was at all suitable.

Early in the interview, Vicky expressed the view that she absolutely loved her son but would not want any more in the near future. She wanted to return to college, get a career, have her own business, buy a house. At the moment she felt she was just surviving and that wasn't enough for her or her son. Prior to her pregnancy Vicky had been studying childcare at college and expressed a strong ambition to open a therapeutic centre one day for children who had been abused.

Interview 20

London: 'Whitney'

Whitney was seventeen and lived with her parents and her two year old daughter, but was saving up to move into a flat with her long term partner. Whitney became pregnant at fourteen, after moving to a school where sexual activity was the norm among pupils and was regularly discussed by her peers. Her mother bought her a pregnancy test after Whitney

started being sick in the mornings, so knew right from the start about Whitney's pregnancy.

Whitney described very warm and supportive parents who stood by her decision to continue her pregnancy, despite the fact that some aunts and uncles stopped speaking to the family as a result. Whitney was pleased to have had her daughter at fifteen, she felt that she had a little friend to share things with, such as shopping. Her relationship with her boyfriend was strong, he adored his daughter and had settled down after earlier juvenile brushes with the law, working hard to provide a future for them all.

A very calm, placid and quiet person, Whitney absolutely adored babies and had a natural gift with them: she was often to be found nursing the new born babies at the young mum's group to give their mothers a break. Her intention was to train as a nursery nurse when her daughter got a little bit older.

Interview 21

London: 'Yolande'

Yolande was aged seventeen with a two year old daughter, living at home with her mother. Yolande started her story from the time she was seven, when she was told that the father who had walked out when she was two was coming to meet her from school. Yolande described coming out of school and seeing a strange man, and being so scared she ran home screaming. Her father arrived at the house ten minutes later, and Yolande was sent up to her room as she didn't want to see him. Yolande then heard shouting and screaming, followed by an almighty bang. On running downstairs, she found the front window smashed and her father gone.

When she was thirteen she tried to make contact with her father again, and he told her that her older sister had indicated to him that Yolande

hadn't wanted to see him. Yolande tried to resume contact again after her daughter was born, and her father said he would arrange to meet but didn't. Yolande then disclosed that from the age of eight to thirteen, the elderly next door neighbour that her mother sent her to be looked after by while she was at work, was sexually abusing her. When one day he "went too far" and tried to rape her, and Yolande tried to get away, the neighbour threatened to kill her and her mother if she told.

Yolande did not tell her mum until after the neighbour died a couple of years later. The impact on her mum was catastrophic, as it was a repeat of her mother's own history, although her mum's experience "was a lot worse". Her mother was severely traumatised and went into a deep depression, becoming suicidal. Yolande reported that her mother had been an alcoholic at age nine, and had been suicidal at a young age, because of her history.

As a result, mother and daughter stopped communicating, and when Yolande became pregnant three months into a relationship she felt her mum was deeply disappointed in her. However, since the birth of her daughter they are now closer than ever. Yolande is no longer in a relationship with her daughter's father, despite the fact that they still have feelings for each other, because he doesn't do enough to care for his daughter.

Interview 22

London: 'Zoe'

Zoe, aged eighteen, was from a European country and had come to England to be with her boyfriend, who was from another EU country and had worked in the UK for nine years. Zoe had been here for about eighteen months, and her English was not strong, having only learned the language after her arrival. Zoe reported that "within days" of coming to England, aged sixteen, she was pregnant. Her son is now eight months

old. When she arrived, her and her partner had stayed in a friend's flat, and then had to move because of a fire at the friend's place, into one room with a shared kitchen and bathroom. Zoe was dependent on her boyfriend to be her translator, she described how she 'cried and cried' after arriving here, things were so difficult for her. Zoe had come from a large city, where as she described it was possible for her to be pregnant at twelve had she not taken care of herself, that there were drugs, prostitution, "everything is so bad".

Zoe had grown up not knowing her father, and within her culture children usually had both their parent's surnames, so to have grown up with only one surname immediately marked her out. When she was fifteen, a friend had told her she knew her father, and gave her his phone number. Zoe was ecstatic, and made contact, but soon realised that her father was not a nice man, that he had had a sexual relationship with her maternal aunt, who was having his baby. Zoe has had no further contact with her father for almost two years now. Zoe did not have a particularly good relationship with her mum, who had not yet seen her baby.

Zoe described the difficulty of not having friends and family around after having her baby, she has not been back to her home country since he was born, and she misses her friends, being able to do 'girly' things, as she is almost completely reliant on her partner for company now. Zoe also had a little bit of practical help after her son was born but has had to do almost everything on her own and has found that very tough.

Interview 23

Shire town: 'Amy'

Amy was aged twenty three and had terminated a pregnancy at the age of seventeen. Amy was living with her mother and stepfather, working in a 'crappy' job and in a steady relationship of one year when she found out she was pregnant, which came as a huge shock. Amy immediately told

her partner and described not getting the reaction she wanted – her boyfriend was already a teenage dad with a child from a previous relationship and didn't want another child - and realising that at that point she was on her own. Amy felt "this can't happen", that she didn't want to be "another teenage mother pushing a pram around the town centre". She described how at that time she didn't know where she was going, that "things had already gone really wrong for me", that she was quite depressed." I didn't have the best teenage years, I wasn't seeing my real dad, not getting on with my stepdad, mum an emotional wreck".

Within a few hours she had decided that she was going to have an abortion and arranged an emergency appointment with her GP. However it took several weeks from referral for the procedure to be carried out, which was extremely difficult for her and left her coping with the side effects of pregnancy while unable to "accept that there was life inside me".

Amy related the offhand attitude of hospital staff on the day of her termination, the rushed atmosphere, the lack of counselling beforehand, and the lack of counselling afterwards despite clearly stating that she felt she was going to need it. She described the process as "brutal". Afterwards she felt the need to find out more about what had happened, and "tortured" herself by looking at pro-life material.

Amy's relationship ended a few months later, and she described struggling for a few years before "making peace" with her decision. Her ambiguity is reflected in her comment "I think I would have been a good mum, I would have loved that child – I think I needed counselling". She felt that she would have managed her emotions afterward more easily had she been more confident of her decision at the time, if she had felt more supported.

Appendix 5
CONSENT FORM

Project: A Story to Tell

Researcher: Sue Middleton

Participant No:

1) I confirm that I have read and understand the information sheet for the above study and I have had the opportunity to ask questions.

2) I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason.

3) I agree to take part in the above study

Initials:

Date:

Researcher:

Date: